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PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY
HEALTH DEPARTMENT
155 Indiana Ave Suite 104

155 Indiana Ave Suite 104 STATE Paraiso IN 46383

620066603 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 AKE COUNTY 30 TIME OF DEATH DATE OF DEATH (M TYPE/PRINT 9:05 AM August 21, 2006 GERTRUDE E. O'DELL Female IN OURS Minutes September 14, 1918 PERMANENT 2006 Gäry Indiana 1789 **BLACK INK** MAS DECEDENT A U.S. VETERAN? PLACE OF DEATH (Check only or OTHER Nursing Home Other (Specify) ☐ Inpet No N/A ☐ ER/Outpetient ☐ DOA C. CITY, TOWN, OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. FACILITY NAME (If not ins DECEDENT Porter Chesterton Waters of Duneland Nursing Home 10. MARITAL STATUS 12s. DECEDENT'S USUAL OCCUPATION (Give kind of work 12b. KIND OF BUSINESS/INDUSTRY 11. SURVIVING SPOUSE (If wife, give maden name) Home N/<u>A</u> Widowed Homemaker 13d. STREET AND NUMBER 13a RESIDENCE-STATE 13b COUNTY 13c CITY TOWN OF LOCATION 419 N. Joliet St. IN Lake Hobart 131 INSIDE CITY LIMITS 14. CITIZEN OF WHAT COUNT 15. WAS DECEDENT OF HISPANIC ORIGIN?

No D Yes Of yes specify (
Mexical, Puerso Rical, etc.) 13e. ZIP CODE RACE—American Indian.
 Black, White, etc. 17. DECEDENT'S EDUCATION (Specify) dary (0-12) College (1-4 or 5 * 13g. ON A FARM? U.S.A. 46342 White 12 M No □ Yas 19. MOTHERS NAME (First Middle Maiden Surna IR FATHER'S NAME (First, Middle, Last) PARENTS Henry Bode Caroline Kroeger 20s. INFORMANT'S NAME (Type/Print) INFORMANT E Timothy O'Dell 767 Baltimore Rd., Valparaiso, IN 46385 Son 21a. METHOD OF DISPOSITION ... Ene 21b. DATE AND PLACE OF DISPOSITION (Name of cametery, cremetory, or 21c. LOCATION—City or Town, State Aug 25, 2006 ☐ Cree non D Removal from X Parie Merrillville IN SO SUCITISOPSID ☐ Donetic Other (Specify) Calumet Park Cemetery 26. EMBALMER'S LICENSE NO. 22a EMBALMERS NAME 23. WAS DEATH REPORTED TO CORONER? FD01006463 X No □ Yes James J. Krause 24b. LICENSE NUM (of Licensee) 25. NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 24s. SIGNATURE OF FUNERAL DIRECTO Rees Funeral Home, Inc. FH83003069 FD01006463 600 W. Old Ridge Road, Hobart, IN 46342-0488 26. PART I Enter the diese nterval Bet Onset and Death Iro contrelia MEDIATE CAUSE (FW DUE TO (OR AS A CONSEQUENCE OF) CAUSE OF DEATH DUE TO (OR AS A CONSEQUENCE OF): one, if any, which gi DUE TO (OR AS A CONSEQUENCE OF): WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) WAS DECEDENT WAS AN AUTOPSY POSTPARTUM? (Yes or no) No No CERTIFYING PHYSICIAN To the best of my lunc 29a, CERTIFIER CORONER ON 296 SIGNATURE AND TITLE OF CERTIFIE 29c. MEDICAL LICENSE NO. 29d DATE SIGNED (Month Day, Year) CERTIFIER 0/0545 17A E/74/06 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Thomas Devine MD 2000 Roosevelt Rd, Suite 5, Valparaiso, IN 46383 32.-DATE FILED (Month, Day, Year) HEALTH OFFICER Tobroke mi 33. MANNER OF DEATH 34a. DATE OF INJURY 34b TIME OF 346. DESCRIBE HOW INJURY OCCURRED: (Month. Day, Year) Natural Pending Acciden TUEC 26 2006 Street and Number of 34e PLACE OF INJURY—At home, farm, etreet, building, etc (Specify) ☐ Homest 34h MOTOR VEHICLE ACCIDENT WOTO TO THE WOOD ANK ATON ASTON OF. 34g. DATE PRONOUNCED DEAD (Month, Day, Year)

LAKE COUNTY AUDITOR

026207

SDH06-004 State Form 10110 (R5/1-99)