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PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso, IN 46383

620066603 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (GERTRUDE E. O'DELL), SEX (Female), TIME OF DEATH (9:05 AM), DATE OF DEATH (August 21, 2006), SOCIAL SECURITY NUMBER, AGE (8006), BIRTH DATE (September 14, 1918), BIRTH PLACE (Gary, Indiana), PLACE OF DEATH (Waters of Duneland Nursing Home), MARRITAL STATUS (Widowed), USUAL OCCUPATION (Homemaker), RESIDENCE (Lake, Hobart), FATHER'S NAME (Henry Bode), MOTHER'S NAME (Caroline Kroeger), INFORMANT'S NAME (Timothy O'Dell), MAPPING ADDRESS (767 Baltimore Rd., Valparaiso, IN 46385), RELATIONSHIP (Son), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (Aug 25, 2006, Calumet Park Cemetery), EMBALMERS NAME (James J. Krause), LICENSE NUMBER (FD01006463), FUNERAL HOME (Rees Funeral Home, Inc.), CAUSE OF DEATH (Uroepithelial Cancer), CERTIFIER (Thomas Devine MD), HEALTH OFFICER'S SIGNATURE (Ray A. Bobrook MD), MANNER OF DEATH (Natural), DATE OF INJURY (DEC 26 2006), DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT.

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Chicago Title Insurance Company

