ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 287-07

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 2013-05556-0032

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	ELLEN I. KLYNMAN
2. Sex	FEMALE
3a. Time of Death	8:20 A M
3b. Date of Death (Month, Day, Yr.)	JANUARY 31, 2007
4. *Social Security Number	338-22-6545
5a. Age—Last Birthday (Years)	78
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth (Mo, Day, Yr)	MAY 6, 1928
7. Birthplace (City and State or Foreign Country)	CHICAGO, ILLINOIS
8a. Was Decedent a U.S. Veteran?	NO
8b. Year Last Served in U.S. Armed Forces?	N/A
9a. Place of Death (Check only one. See instructions)	Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. Facility Name (If not institution, give street and number)	REGENCY PLACE
9c. City, Town, or Location of Death	DYER
9d. County of Death	LAKE
10. Marital Status (Specify)	MARRIED
11. Surviving Spouse (If wife, give maiden name)	ANTON H. KLYNMAN
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	HOME MAKER
12b. Kind of Business/Industry	OWN HOME
13a. Residence—State	INDIANA
13b. County	LAKE
13c. City, Town, or Location	SCHERERVILLE
13d. Street and Number	405 W. DEERPATH DRIVE
13e. Zip Code	46375
13f. Inside City Limits	☐ No ☒ Yes
13g. On a Farm?	☒ No ☐ Yes
14. Citizen of What Country?	USA
15. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. Race—American Indian, Black, White, etc. (Specify)	WHITE
17. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	PETER SONDERGAARD
19. Mother's Name (First, Middle, Maiden Surname)	MARIE BENSON

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	ANTON H. KLYNMAN
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	405 W. DEERPATH DR., SCHERERVILLE, IN. 46375
20c. Relationship	HUSBAND

DISPOSITION

Field	Entry
21a. Method of Disposition	☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place)	February 5, 2007 SOLAN-PRUZIN CREMATORY
21c. Location—City or Town, State	SCHERERVILLE, INDIANA
22a. Embalmer's Name	DEAN G. WAGNER
22b. Embalmer's License No.	8800057
23. Was Death Reported to Coroner?	☒ No ☐ Yes
24a. Signature of Funeral Director	[signature]
24b. License Number (of Licensee)	1007231
25. Name, Address, and License Number of Funeral Home	SOLAN-PRUZIN FUNERAL HOME FH10200037 14 KENNEDY AVE., SCHERERVILLE, IN. 46375

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) / Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last — Approximate Interval Between Onset and Death

	Cause	Approximate Interval
a.	end stage Parkinsons	
b. DUE TO (OR AS A CONSEQUENCE OF)	dementia	
c. DUE TO (OR AS A CONSEQUENCE OF)	hypertension	
d. DUE TO (OR AS A CONSEQUENCE OF)	osteoporosis	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

Field	Entry
27. Was Decedent Pregnant or 90 Days Postpartum? (Yes or no)	na
28a. Was an Autopsy Performed? (Yes or no)	no
28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or no)	na

CERTIFIER

29a. Certifier (Check only one)

- ☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

Field	Entry
29b. Signature and Title of Certifier	[signature]
29c. Medical License No.	01025591
29d. Date Signed (Month, Day, Year)	2-1-07
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	ALEXANDER STEMER, M.D., 761-45th. ST., MUNSTER, IN. 46321

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	Susan W Bert D.O.
32. Date Filed (Month, Day, Year)	February 6, 2007

FILED

Field	Entry
33. Manner of Death	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. Date of Injury (Month, Day, Year)	
34b. Time of Injury	
34c. Injury at Work? (Yes or no)	
34d. Describe How Injury Occurred	
34e. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)	
34f. Location (Street and Number or Rural Route Number, City or Town, State)	
34g. Date Pronounced Dead (Month, Day, Year)	
34h. Motor Vehicle Accident? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

APR 20 2007

11244

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

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