

BT 700281

ATTENTION ESTATE: Disclosure of the decedent's assets and liabilities is required. If you do not provide this information, we need to pursue our responsibilities voluntarily and there will be no penalty for refusal. *

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0075-01

393952 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First Middle Last) GEORGE LEVI EICHELBERGER				2. SEX Male		3a. TIME OF DEATH 7:50PM		3b. DATE OF DEATH (Month Day Yr) January 13, 2001			
4. SOCIAL SECURITY NUMBER [REDACTED]-4079		5a. AGE - Last Birthday (Years) 85		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo Day Yr) Dec 13, 1915		7. BIRTHPLACE (City and State or Foreign Country) POCAHONTAS, IA	
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL						9c. CITY TOWN OR LOCATION OF DEATH MUNSTER			9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) RUTH L. RICHTER		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MACHINIST FOREMAN-FIELD FORCES				12b. KIND OF BUSINESS INDUSTRY ISPAT-INLAND STEEL CO.			
13a. RESIDENCE - STATE IN		13b. COUNTY LAKE		13c. CITY TOWN OR LOCATION HAMMOND				13d. STREET AND NUMBER 2936 CLEVELAND			
13e. ZIP CODE 46323		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE - American Indian, Black, White, etc. (Specify) WHITE		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 1	
18. FATHER'S NAME (First, Middle, Last) JOSEPH EICHELBERGER						19. MOTHER'S NAME (First, Middle, Maiden Surname) LONA STAMM					
20a. INFORMANT'S NAME (Type/Print) RUTH L. EICHELBERGER				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2936 CLEVELAND, HAMMOND, IN 46323				20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Jan 17, 2001 ELMWOOD CEMETERY				21c. LOCATION - City or Town State HAMMOND, IN			
22a. EMBALMER'S NAME JOHN C. AULT				22b. EMBALMER'S LICENSE NO. FDO1013507		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John Ault</i>				24b. LICENSE NUMBER (of Licensee) FDO1013507		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83002801 BOCKEN FUNERAL HOME, INC. 7042 KENNEDY AVENUE, HAMMOND, IN 46323					
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. THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY RECORDS DEPARTMENT. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Ventricular Tachycardia</i> b. <i>Severe Dilated Nonischemic Cardiomyopathy</i> c. <i>Mitral Valve Disease</i> d. <i>Hypertension</i> Conditions if any which gave rise to the immediate cause stating the underlying cause last <i>JAN 16 2001</i> PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Complete Heart Block now status Post Pacemaker, 1996</i> <i>Mitral Valve replacement Brook-Shiley valve 1996</i> <i>with valve dysfunction</i> <i>Pulmonary Hypertension by Echo</i>											
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.				29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				29c. MEDICAL LICENSE NO. 01045665		29d. DATE SIGNED (Month Day Year) 01/16/01	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DONALD TANIS, M.D., 9126 COLUMBIA AVENUE, MUNSTER, IN 46321											
31. HEALTH OFFICER'S SIGNATURE <i>Donald L. Fortson, M.D.</i>										32. DATE FILED (Month Day Year) <i>January 16, 2001</i>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		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) <i>LAKE COUNTY AUDITOR</i>									
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, and vehicle make FILED MAY 4 2007 PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR 005839 <i>11 LP CT</i>							