State	No.	 	

	THE RECO	RDS IN THIS S	ERIES ARE CON	NFIDENTIAL F	PER IC 16-37-1-10							
/PE/PRINT	1. DECEASED-N						2. SEX		3a. TIME OF DEATH	36. DATE OF DEAT	TH (Month, Day	. YeJ
IN IN	OWEN	W.	DeROL	Γ			MAL	E	12:30 PM	March 1		
RMANENT				Last Birthday	56. UNDER 1 YEAR	Sc. UNDER				BIRTHPLACE (City a		
LACK INK	326-01-		(Years)		Months Days	Hours	Minutes					,
LACK INK	8a WAS DECEDE		85 YEARLASTS			L			26,1916 ATH (Check only one S		<u>IN</u>	·
	A U.S. VETERAN?		U.S. ARMED F	ORCES?	HOSPITAL   Inpet	tient	30.70		Nursing Home			
	No		None		□ ER/Outpatient □		I—— _			Other (Specify)		
	96 FACILITY NAM	ME (If not institution		number)	C) EN/C			VN. OR LOC	ATION OF DEATH	9d COUNTY OF	DEATH	
ECEDENT	William J. Riley Memorial Residence					Munster			Lake			
	10. MARITAL STA									12b. KIND OF BUSINESS/INDUSTRY		
	(Specify)		(If wife, give maiden name) done dur			INT'S USUAL OCCUPATION (Give kind of work ing most of working life. Do not use retired)			Hammond Electric Co.			
	Widowed					ric Motor Repair						
	1		13b. COUNTY		13c. CITY, TOWN, OR	LOCATION			d. STREET AND NUMB			
	Indiana		Lake		Hammond	· · · · · · · · · · · · · · · · · · ·		<del>,</del>	6744 Onta			
	130. ZIP CODE 131. INSIDE CIT		WHAT COUNTRY? X No ☐ Yes			e (If yes, specify Cuban, Black		American Indian, White, etc.	H. DECEDENT'S EDUCATION (Specify only highest grade completed)			
					Mexican, Puerto Rican, etc.)				Elementary/Secondary (0-12) College (1-4 or 5 + )			
	1	-	1 110	A				Wh	ite	12		
	18 FATHER'S NAM	y⊒yNo □					19 MOTHER	R'S NAME (F	irst Middle Maiden Surr			
ARENTS	Walter	DeRolf							lalikowski	grandles Marie		
	20s INFORMANT				Jan. 1441	ADDRESS (C			ute Number, City or Tox		20. 5 :	
FORMANT	i	** *	,		4				•	·	20c. Relatio	
	James I		<b>—</b>	· · · · · · · · · · · · · · · · · · ·					er, IN 46.		son	
	21a. METHOD OF	_	☐ Entombment		216. DATE AND PLACE			,	matory, or 21c.	LOCATION™City or	Town, State	
	2525	Cremation	Removal from	State		March 1						
	Donation [	Other (Specif)	()		Elm	wood Ce	metery			Hammond,	IN	
SPOSITION	220. EMBALMER'S	NAME.			226. EMBALMER'S	LICENSE NO.			AS DEATH REPORTED	TO CORONER?		
	Henry J. Blake FD01019406 TO A Yes											
	246 SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME											
	Con R. Sicher This Document (of Le Hayne Funeral: Home FH1940005											
	FD01000857 6955 Southeastern, Hammond, IN 46324											
AUSE OF		arrest, shock, or E (Final	s, injuries, or compl heart failure. List on a.	Azuta DUATO (0	sed the death. Do not end each line.  CO YONG  R AS A CONSEQUENC  YM   G	ry e		ç	piratory			Approximate Interval Between Onset and Death
ATH	Conditions, if any, wi	hich gave	b		R AS A CONSEQUENC	E OE)						-
,	rise to the immediate	cause.			naturia							
6 9	stating the underlying cause last	0		DUE TO (O	R AS A CONSEQUENC	E OF)				A7		
1 to			d.					1	MAY 2920	Qf .		
.a -∡ o≀	PART II Other sugar	ficent conditions	Conditions contrib	uting to death h	it not previously stated in	. Post I				T		
Orestdale 5.36 Lot 15 4NGAL of Block 3 LOT 23.70101-0					<b>EGH</b>	ER'S	POSTPART (Yes or no	<b>PE 66</b> 64 L'Ake 	No No	UDITOR:	ERE AUTOPS AILABLE PRI IMPLETION C DEATH? (Ye NO	Y FINDINGS IOR TO DF CAUSE is or no)
3 × 5 × 6	29s. CERTIFIER (Check only)  To the best of my knowledge, death occurred at the time, date, and due to the cause(s) as stated.											
70rest 10+15 1810c K 26-3	one)				xamination and/or invest							A 10 /
5 3 20 %		<u>co</u>	RONER On the b	esis of examinat	ion and/or investigation.	in my opinion, de	eth occurred at	t the time, det	e, and place, and due to	the cause(s) and mann	er as stated.	Co. 11
RTIFIER	296. SIGNATURE A	ND TITLE OF CE	RTIFIER	1 for	12/1	DIANA	332		MEDICAL LICENSE NO	6	te signed (A	Month. Day, Year)
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print)											
	J. Per	ez, MD	<u>2001</u> 1	E. <u>C</u> olι	mbus, East	Chicag	oIN 46	6312	and the second of the second o	AND LAND	LEIS LTHE I	
ALTH	31. HEALTH OFFICER'S SIGNATURE						198 (700)			32.10ATE FILED (Month. Day, Year)		
FICER			_	Susa	nu )	<b>&gt;</b>		) AKE ON	W.L.A. H. Y. J. J. P. B. Mag. P. A. J.	7/cm		5 2007
r	33. MANNER OF DE	ATH	34e. DA	ATE OF INJURY		34c ÍNJ	JRÝ AT WORK	KI I 3	4d. DESCRIBE HOW IN	JURY OCCURRED		<del></del>
			i	lonth, Day, Year)	1		or no)		1/4/4	and the last		
ľ	☐ Natural ☐	Pending								00	069	3 <b>4</b>
ł	☐ Accident	Investigation	1	ACE OF PLATE	<u> </u>	1	1.	450	20.00			
1	Suicide [	Could not be		ACE OF INJUR Iding, etc. (Spec	Y—At home, farm, street ify)	t, ractory, office	3	412 LOCATIO	ON (Street and Number	or Rural Route Number	City or Tow	n, State)
ľ	☐ Homicide	Determined					SOMMUNITY TITLE COMPANY				OMPANY	
ŀ	34g DATE PRONOL	INCED DEAD (4	tonth On: Year	245 14070-	VEHICLE ACCORDANCE	///		. Samuel	The state of the s	HILE NO	214	12
ľ	U-y DATE PRONOC	ATOLD DEAD (N	wildi, Dey, Feer)	Sau MOTOR	VEHICLE ACCIDENT?	cresorno) It	res. specify dri	ver. passengi	er, pedestrien, etc			

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