

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 694-07

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

TYPE/PRINT IN PERMANENT INK

Form with fields for: 1. DECEASED—NAME (OWEN W. DeROLF), 2. SEX (MALE), 3a. TIME OF DEATH (12:30 P.M.), 3b. DATE OF DEATH (March 12, 2007), 4. SOCIAL SECURITY NUMBER (326-01-2409), 5a. AGE (90), 6. DATE OF BIRTH (October 26, 1916), 7. BIRTHPLACE (Hammond, IN), 9a. PLACE OF DEATH (Munster), 9b. FACILITY NAME (William J. Riley Memorial Residence), 10. MARITAL STATUS (Widowed), 11. SURVIVING SPOUSE (None), 12a. DECEASED'S USUAL OCCUPATION (Electric Motor Repair), 12b. KIND OF BUSINESS/INDUSTRY (Hammond Electric Co.), 13a. RESIDENCE—STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Hammond), 13d. STREET AND NUMBER (6744 Ontario Avenue), 13e. ZIP CODE (46323), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEASED OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEASED'S EDUCATION (12), 18. FATHER'S NAME (Walter DeRolf), 19. MOTHER'S NAME (Anna Malinkowski), 20a. INFORMANT'S NAME (James DeRolf), 20b. MAILING ADDRESS (629 Northgate Drive, Dyer, IN 46311), 20c. Relationship (son), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (March 16, 2007, Elmwood Cemetery), 21c. LOCATION (Hammond, IN), 22a. EMBALMER'S NAME (Henry J. Blake), 22b. EMBALMER'S LICENSE NO. (FD01019406), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (FD01000857), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (LaHayne Funeral Home, 6955 Southeastern, Hammond, IN 46324), 26. PART I. IMMEDIATE CAUSE (Acute Coronary Event, Anemia, Hematuria), 27. WAS DECEASED PREGNANT OR POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Susan W. Bates), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO. (01027498), 29d. DATE SIGNED (March 13, 2007), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (J. Perez, MD, 2001 E. Columbus, East Chicago, IN 46312), 31. HEALTH OFFICER'S SIGNATURE, 32. DATE FILED (March 15, 2007), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED (006934), 34e. PLACE OF INJURY, 34f. LOCATION (COMMUNITY TITLE COMPANY, FILE NO. 3742), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

USE OF DEATH

CERTIFIER

HEALTH OFFICER

Forestdale S. 36ft of lot 15 + N 1/4 of lot 16 Block 3 26-33-2101-2015

