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. 295-07

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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)	VIOLA MAE BRUNNER
2. SEX	FEMALE
3a. TIME OF DEATH	6:05 P M
3b. DATE OF DEATH (Month, Day, Year)	FEBRUARY 2, 2007
4. *SOCIAL SECURITY NUMBER	372-40-9224
5a. AGE – Last Birthday (Years)	64
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	MARCH 14,1942
7. BIRTHPLACE (City and State or Foreign Country)	WYANDOTTE, MICHIGAN
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) HOSPICE
9b. FACILITY NAME (If not institution, give street and number)	ST. ANTHONY HOSPICE
9c. CITY, TOWN, OR LOCATION OF DEATH	CROWN POINT
9d. COUNTY OF DEATH	LAKE
10. MARITAL STATUS (Specify)	DIVORCED
11. SURVIVING SPOUSE (If wife, give maiden name)	N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	PARALEGAL
12b. KIND OF BUSINESS/INDUSTRY	LAW FIRM
13a. RESIDENCE — STATE	INDIANA
13b. COUNTY	LAKE
13c. CITY, TOWN, OR LOCATION	GRIFFITH
13d. STREET AND NUMBER	815 WIGGS
13e. ZIP CODE	46319
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 +): 2

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	AUGUST CHARLES AMBROSE
19. MOTHER'S NAME (First, Middle, Maiden Surname)	JUSTINE DELZELL

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	RAY JAMROZ
20b. MAILING ADDRESS (Street and Rural Route Number, City or Town, State, Zip Code)	14209 WHEELER ST. CEDAR LAKE, IN 46303
20c. Relationship	SON

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 7, 2007 NORTHWEST INDIANA CREMATION SERVICES
21c. LOCATION—City or Town, State	CROWN POINT, INDIANA
22a. EMBALMER'S NAME:	MARC MOSQUEDA
22b. EMBALMER'S LICENSE NO.	FD08800240
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Lawrence Miller
24b. LICENSE NUMBER (of Licensee)	FD01006015
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	FAGEN MILLER FUNERAL HOME FH10200000 8580 WICKER AVENUE ST. JOHN, INDIANA 46373

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Complications of ischemic bowel disease	weeks
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

Field	Entry
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part 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)	NO

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	x George Babchuk MD
29c. MEDICAL LICENSE NO.	01031717
29d. DATE SIGNED (Month, Day, Year)	x 2/6/07
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	x George Babchuk, MD 1121 S Indiana Ave - Crown Point IN

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Susan W Best D.O.
32. DATE FILED (Month, Day, Year)	February 7, 2007
33. MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could Not Be Determined ☐ 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)	
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.	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

FEB 0 7 2007

12230

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

STOP

FILED JUN 22 2007 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

RECORDER'S OFFICE SEAL INDIANA

2007 051775

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2007 JUN 26 AM 9:09 MICHAEL A. BROWN RECORDER

15-26-380-5

927-2474 TICOR SO

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