

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

State of Indiana Date Issued: Hammond Health Commissioner

Local No. 238

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

DECEASED

HEALTH OFFICER

MANNER OF DEATH: Natural, Accident, Suicide, Homicide, Pending Investigation, Could not be Determined

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

Main form containing fields for: 1. DECEASED—NAME (MARY T. STRAUB), 2. SEX (Female), 3a. TIME OF DEATH (1:15 P.M.), 3b. DATE OF DEATH (April 4, 2006), 4. SOCIAL SECURITY NUMBER, 5a. AGE—Last Birthday (81), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (Dec. 25, 1924), 7. BIRTHPLACE (Jamestown, New York), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1945), 9a. PLACE OF DEATH (Residence), 9b. FACILITY NAME (6538 Alabama Avenue), 9c. CITY, TOWN, OR LOCATION OF DEATH (Hammond), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Divorced), 11. SURVIVING SPOUSE (n/a), 12a. DECEDENT'S USUAL OCCUPATION (Office Clerk/Manager), 12b. KIND OF BUSINESS/INDUSTRY (N. Twpshp. Assessor's Office), 13a. RESIDENCE—STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Hammond), 13d. STREET AND NUMBER (6538 Alabama Avenue), 13e. ZIP CODE (46323), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE—American Indian, Black, White, etc. (White), 17. DECEDENT'S EDUCATION (Elementary/Secondary), 18. FATHER'S NAME (Ervant Talanian), 19. MOTHER'S NAME (Alice Humparsumain), 20a. INFORMANT'S NAME (Hazel G. Stevens), 20b. MAILING ADDRESS (7532 Jarnecke Ave Hammond, IN 46324), 20c. Relationship (Daughter), 21a. METHOD OF DISPOSITION (Cremation), 21b. DATE AND PLACE OF DISPOSITION (April 8, 2006, Community Cremation Svcs.), 21c. LOCATION (Schererville, Indiana), 22a. EMBALMER'S NAME (Henry J. Blake), 22b. EMBALMER'S LICENSE NO. (FD0109406), 23. WAS DEATH REPORTED TO CORONER? (Yes), 24a. SIGNATURE OF FUNERAL DIRECTOR (Tavis J. Partick), 24b. LICENSE NUMBER (FD08800012), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Oleska-Pastrick Funeral Home, 3934 Elm St., East Chicago, IN 46312), 26. PART I. Enter the diseases, injuries, or complications that caused the death. IMMEDIATE CAUSE (Final disease or condition resulting in death): a. KULUOWANY MESOTHELIOMA. b. c. d. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (CERTIFYING PHYSICIAN), 29b. SIGNATURE AND TITLE OF CERTIFIER (Signature), 29c. MEDICAL LICENSE NO. (010315824-6-06), 29d. DATE SIGNED (April 6, 2006), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (LYLE R. MURPHY, 4321 FIN ST, E. CHICAGO, IN 46312), 31. HEALTH OFFICER'S SIGNATURE (Signature), 32. DATE FILED (April 7, 2006), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED (FILED), 34e. PLACE OF INJURY, 34f. LOCATION (JUL - 3 2007), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No), PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 008710

W. OH. H. M. (vertical text)

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I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each social security number in this document, unless required by law. (vertical text)

FILED (stamp)

11-DC (stamp)

ST (stamp)

FILED (stamp)