

800.

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1577-07

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

INFORMANTS

FORMANT

DISPOSITION

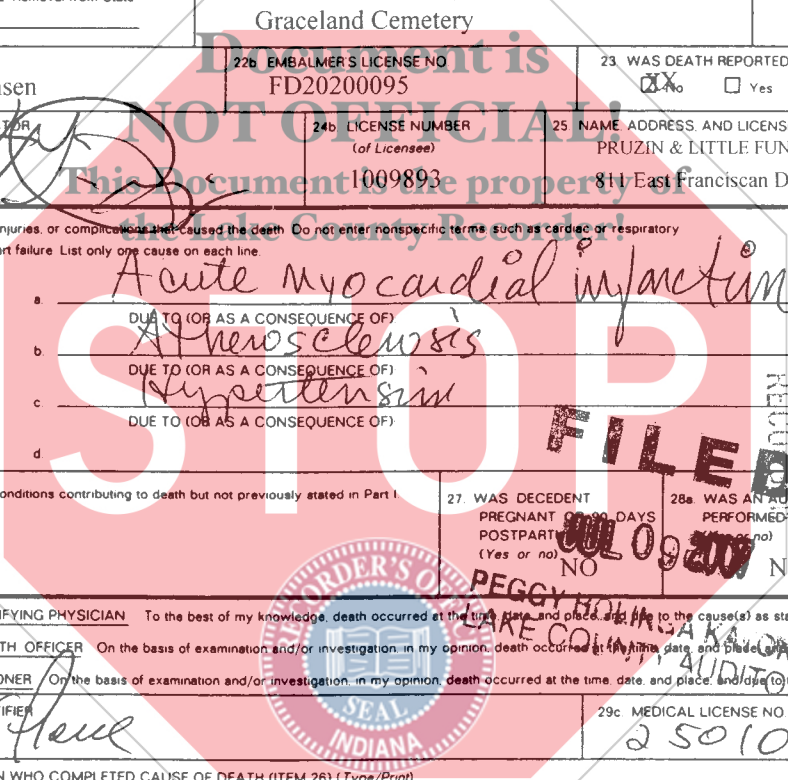
USE OF PATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) CHARLES A. SNYDER				2 SEX Male		3a TIME OF DEATH 12:09 P.M.		3b DATE OF DEATH (Month, Day, Year) June 20, 2007							
4 *SOCIAL SECURITY NUMBER 317-20-5716		5a AGE—Last Birthday (Years) 79		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) May 25, 1928		7 BIRTHPLACE (City and State or Foreign Country) Peoria, Illinois					
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 <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> HOME/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) St. Anthony Medical Center				9c CITY, TOWN, OR LOCATION OF DEATH Crown Point				9d COUNTY OF DEATH Lake							
10 MARITAL STATUS Married		11 SURVIVING SPOUSE (If wife, give maiden name) Roseanna J. Asher		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Operating Engineer				12b KIND OF BUSINESS/INDUSTRY Construction							
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Crown Point				13d STREET AND NUMBER 325 Holton Ridge							
13e ZIP CODE 46307		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g ON A FARM? <input checked="" type="checkbox"/> No <input 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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)			
18 FATHER'S NAME (First, Middle, Last) Fred Snyder						19 MOTHER'S NAME (First, Middle, Maiden Surname) Etta Oakley									
20a INFORMANT'S NAME (Type/Print) Roseanna J. Snyder				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 325 Holton Ridge, Crown Point, Indiana 46307				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) June 25, 2007 Graceland Cemetery				21c LOCATION (City or Town, State) Valparaiso, Indiana 46385							
22a EMBALMER'S NAME Jonathon R. Christiansen				22b EMBALMER'S LICENSE NO. FD20200095				23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b LICENSE NUMBER (of Licensee) 1009893				25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN & LITTLE FUNERAL SERVICE Lic. # FH 83001261 811 East Franciscan Drive, Crown Point, Indiana, 46307							
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. Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) Arteriosclerosis DUE TO (OR AS A CONSEQUENCE OF) Hypertension DUE TO (OR AS A CONSEQUENCE OF)										Approximate Interval Between Onset and Death Acute Years Years					
26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.										27 WAS DECEDENT PREGNANT 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. 25010		29d DATE SIGNED (Month, Day, Year) 6/21/07					
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. William Pierce 210 E. 90th Avenue Merrillville, IN 46410 (219)738-2008															
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32 DATE FILED (Month, Day, Year) June 27, 2007					
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 #11 CS							
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) 021650											
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.											

Parcel # 23-9-38-3



2007 JUN 25 12:09 PM MICHAEL J. ...