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

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

INDIANA STATE DEPARTMENT OF HEALTH

ocal No	2935-07	2935-07 CERTIFICATE OF DEATH State No						
#902149	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 \[\infty\) - \(\frac{1}{3} - \infty\) \(\frac{1}{3} - \infty\) \(\frac{1}{3} - \infty\) \(\frac{1}{3} - \infty\)							
YPE/PRINT	1. DECEASED—NAME (First Middle, Last)			2. SEX	3a. TIME OF DEA	TH 36. DATE OF DEA	ATH (Month, Day, Yr.)	
IN	RALPH	R. REWE		Male			per 4, 2007	
ERMANENT	4. *SOCIAL SECURITY NUMBER	Se. AGE—Last Birth (Years)	Months Days	Hours Minutes	DATE OF BIRTH (Mo, Day, Yr)		and State or Foreign Country)	
3LACK INK	314-26-9533	76 8b. YEAR LAST SERVED II	<u> </u>		nuary 26, 1931		, Illinois	
	A U.S. VETERAN?	U.S. ARMED FORCES?	HOSPITAL: Inpe		OTHER: Nursing Home			
	Yes	1950	☐ ER/0	Outpatient DOA	Residence	Hospice: I		
ECEDENT	96. FACILITY NAME (If not institute	•		l	WN. OR LOCATION OF DEATH	ad COUNTY OF	DEATH	
	511 Otis Bowe	n Drive			ster	Lake	12b. KIND OF BUSINESS/INDUSTRY	
*	(Specify) (If wife, give m				OCCUPATION (Give kind of world king life. Do not use retired)	Stee1		
	13a. RESIDENCE—STATE	13b. COUNTY	county 13c city town on to		Lab Technician CATION 13d STREET AND N			
	Indiana	Lake	Lake Scherer		55 Ceda	ar Lane		
	13e. ZIP CODE 13f. INSIDE CIT			OF HISPANIC ORIGIN?	16. RACE—American Indian.	17. DECEDENT'S EDUCATION (Spicify lonly highest grade completed)		
	13g. ON A FAR		NTRY?	•	Black, White, etc. (Specify)	Elementary/Secondary		
	46375 ₹ № □	I TT C A			White	12		
ARENTS	18. FATHER'S NAME (First, Middle, Last)			19. MOTH				
	Zigmund	Rewers		Helen Jaroszewski				
FORMANT	Sophie M. Rewers			20b. MAILING ADDRESS (Street and Number or 55 Cedar Lane, Schen			20c. Relationship Wife	
	21a. METHOD OF DISPOSITION	☐ Entombment		E OF DISPOSITION (Name of		21c. LOCATION—City of	<u> </u>	
	XX Buriel Cremation Removal from State			ecember 7, 2				
	Donation Other (Specia	fy)	V	oly Cross Ce		Calumet C	ity, Illinois	
SPOSITION	226. EMBALMER'S NAME: 220. EMBALMER'S LICENSE NO. 1 23. WAS DEATH REPORTED TO CORONER?							
	Larry D. Anthony 01001447 No King To The Light Control of the Cont							
	(of Licensee). Anthony & Designation F. W. #83002916							
	dany N.	Gulton	Reument	01001447	7"	Arten American S. A. La	ter, IN 46321	
	28 DART I Free the disease provide or completely the day							
	arrest, shock, or heart failure. List only one cause on each line.							
	IMMEDIATE CAUSE (Final disease or condition	· _ Ca	vero saul	var		<u> </u>	Onset and Death	
AUSE OF	resulting in death)	DUE	TO (OR AS A CONSEQUENCE	CE OF):				
EATH	Conditions, if any, which gave	DUE	DUE TO (OR AS A CONSEQUENCE OF):					
	rise to the immediate cause.	c. DUE	DUE TO (OR AS A CONSEQUENCE OF):					
	cause last	d.						
* * *	PART II. Other significant conditions	- Conditions contributing to c	leath but not previously stated i	n Part I. 27. WAS DECI	EDENT 28a, WAS AN	AUTOPSY 28h W	VERE AUTOPSY FINDINGS	
					T OR 90 DAYS PERFOR	MED? A	VAILABLE PRIOR TO OMPLETION OF CAUSE	
·	,		TITI	(Yes or no)	0	F DEATH? (Yes or no)	
	29a. CERTIFIER XXX CERTIFVING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.							
	(Check only one) 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.							
:RTIFIER	296. SIGNATURE AND TITLE OF C	. //	ELLI A	EAL	29c. MEDICAL LICENSE	4.40	ember 6, 2007	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)							
	James Walsh,		<u>Columbia Ave</u>	nue, Munster	, Indiana 46	321		
ALTH FICER	31. HEALTH OFFICERS SIGNATURE Sudan u			Batan			32. DATE FILED (Month, Day, Year)	
, , , , , , ,	33. MANNER OF DEATH	34a. DATE OF II		34 161 11 17 17 17	K 344 DESCRIPE HO	W INJURY OCCURRED	ember 7,2007	
			(Month, Day, Year) INJURY 25022		THIS CERTIFIES THE ARC	ABOVE IS A TRUE AND COMPLETE		
	Netural Pending	25			CORY OF THE CERTIFICAL LAKE COUNTY HEALTH DE			
	☐ Accident ☐ Suicide ☐ Could not be	34e. PLACE OF building, etc	INJURY—At home, farm, stree	FEB. S. O. COU	34f LOCATION (Street and Num		er, City or Town, State	
	Determined Homicide	Dunging, etc	-	Y HOLINGA KA	SA KATONA UEU 0 7 2007			
	34g DATE PRONOUNCED DEAD (Month, Day, Year) 34h N	OTOR VEHICLE CAKET	COLINTY ALID	Q Pager, pedestrian, etc.	1.001	<u> </u>	
					1 1 September Personalism etc.		APPENDING MANAGEMENT AND APPENDENT AND APPENDING MANAGEMENT AND APPENDING AND A	
		1			ä		1	