

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure 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. 1133-07

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED—NAME (First, Middle, Last) DANIEL RICHARD SCHROEDER; 2. SEX MALE; 3a. TIME OF DEATH 5:30 P; 3b. DATE OF DEATH (Month, Day, Yr) MAY 1, 2007; 4. SOCIAL SECURITY NUMBER 304-40-5524; 5a. AGE—Last Birthday (Years) 65; 5b. UNDER 1 YEAR; 5c. UNDER 1 DAY; 6. DATE OF BIRTH (Mo, Day, Yr) MARCH 20, 1942; 7. BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA; 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 [ ] Other (Specify) [ ] Residence [x]; 9b. FACILITY NAME (If not institution, give street and number) 253 W. 128th AVENUE; 9c. CITY, TOWN, OR LOCATION OF DEATH CROWN POINT; 9d. COUNTY OF DEATH LAKE; 10. MARITAL STATUS (Specify) MARRIED; 11. SURVIVING SPOUSE (If wife, give maiden name) BRIDGET ANN HENNESSY; 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TEACHER—COACH; 12b. KIND OF BUSINESS/INDUSTRY HIGH SCHOOLS; 13a. RESIDENCE—STATE INDIANA; 13b. COUNTY LAKE; 13c. CITY, TOWN, OR LOCATION CROWN POINT; 13d. STREET AND NUMBER 253 W. 128th AVE.; 13e. ZIP CODE 46307; 13f. INSIDE CITY LIMITS [ ] No [x] Yes; 13g. ON A FARM? [x] No [ ] Yes; 14. CITIZEN OF WHAT COUNTRY? U.S.A.; 15. WAS DECEDENT OF HISPANIC ORIGIN? [x] No [ ] 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 (8-12) 12; College (1-4 or 5+) 5+; 18. FATHER'S NAME (First, Middle, Last) THEODORE O. SCHROEDER; 19. MOTHER'S NAME (First, Middle, Maiden Surname) ANITA N. HOOPER; 20a. INFORMANT'S NAME (Type/Print) BRIDGET ANN SCHROEDER; 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 253 W. 128th AVE., CROWN POINT, IN 46307; 20c. Relationship; 21a. METHOD OF DISPOSITION [ ] Entombment [ ] Burial [x] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify); 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MAY 5, 2007 NORTHWEST IND. CREMATION SERV.; 21c. LOCATION (City, Town, State) CROWN POINT, INDIANA; 22a. EMBALMER'S NAME JAMES F. BURNS; 22b. EMBALMER'S LICENSE NO. 1009461; 23. WAS DEATH REPORTED TO CORONER? [x] No [ ] Yes; 24a. SIGNATURE OF FUNERAL DIRECTOR James F. Burns; 24b. LICENSE NUMBER (of Licenses) 1009461; 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME, 9016 1/2 BROADWAY CROWN POINT, IN 46307; 26. PART I Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiopulmonary arrest; b. Sp coronary artery bypass surgery; c. Congestive heart failure; d. paroxysmal atrial fibrillation; PART II Other significant conditions: hypertension; 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) N/A; 29a. CERTIFIER (Check only one) [x] IDENTIFYING PHYSICIAN; 29b. SIGNATURE AND TITLE OF CERTIFIER; 29c. MEDICAL LICENSE NO. 31712; 29d. DATE SIGNED (Month, Day, Year) 5-3-07; 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. JACK H. ZIEGLER, 1400 S. LAKE PARK AVE., HOBART, IN 46342; 31. HEALTH OFFICER'S SIGNATURE; 32. DATE FILED (Month, Day, Year) May 4, 2007; 33. MANNER OF DEATH [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide; 34a. DATE OF INJURY (Month, Day, Year) DEC 26 2007; 34b. PLACE OF INJURY—At home, (or street, factory, building, etc.) (Specify) LAKE COUNTY AUDITOR; 34c. LOCATION (Street and Number or Rural Route Number, City or Town, State) MAY 8 0 2007; 34g. DATE PRONOUNCED DEAD (Month, Day, Year); 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) if yes, specify driver, passenger, pedestrian, etc. 025556

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Forest View Farms Phase One lot 53 23-09-0567-0053



FILED

DEC 26 2007

MAY 4, 2007

MAY 8 0 2007

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR