

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
CERTIFICATE OF DEATH

Local No. 2596-01
586096

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

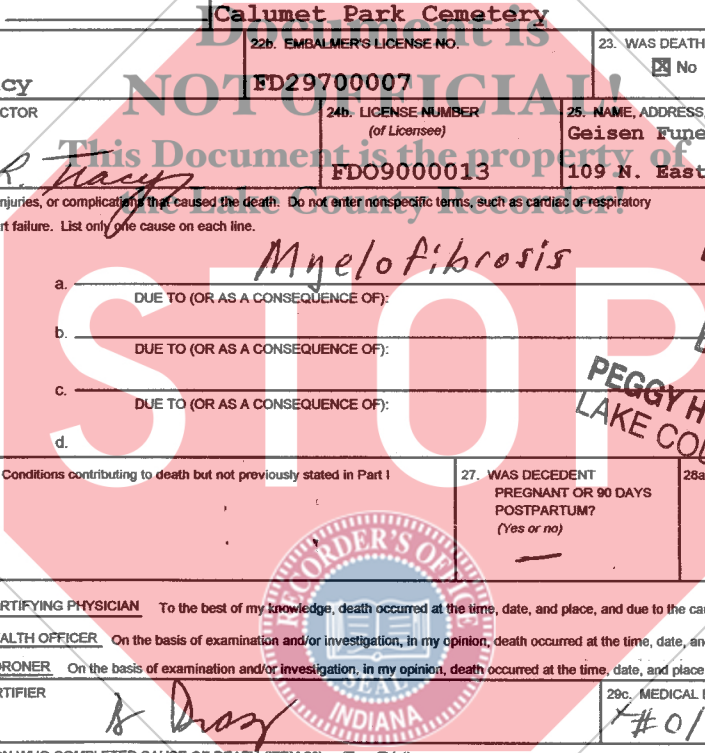
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Donald V. Gertz		2. SEX Male		3a. TIME OF DEATH 6:00 AM		3b. DATE OF DEATH (Month, Day, Yr.) October 24, 2004	
4. *SOCIAL SECURITY NUMBER 305-32-6547		5a. AGE - Last Birthday (Years) 71		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5c. UNDER 1 DAY Hours: Minutes:	
6. DATE OF BIRTH (Mo., Day, Yr.) April 03, 1933		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1955		PLACE OF DEATH (Check only one - See instructions)			
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) 522 S. East St.				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) Joyce L. Marzotto		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Supervisor		12b. KIND OF BUSINESS/INDUSTRY Steel	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 522 S. East St.	
13e. ZIP CODE 46307		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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)		College (1-4 or 5+) 5+					
18. FATHER'S NAME (First, Middle, Last) John Gertz				19. MOTHER'S NAME (First, Middle, Maiden Surname) Timothea Ficker			
20a. INFORMANT'S NAME (Type/Print) Joyce L. Gertz				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 522 S. East St. Crown Point IN 46307		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) October 30, 2004 Calumet Park Cemetery				21c. LOCATION - City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME Michelle L. Tracy		22b. EMBALMER'S LICENSE NO. ED29700007		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Michelle L. Tracy</i>		24b. LICENSE NUMBER (of Licensee) FDO9000013		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home 109 N. East St., Crown Point, Indiana 46307- FH19900060			
26. PART I <input checked="" type="checkbox"/> 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Myelofibrosis Conditions, if any, which gave rise to the immediate cause stating the underlying cause last a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.		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	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I							
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) as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>S. Dray</i>		29c. MEDICAL LICENSE NO. #01031484		29d. DATE SIGNED (Month, Day, Year) 10/27/2004	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ray Drasga M. D. 1205 S. Main St. Suite 301 Crown Point, IN 46307							
31. HEALTH OFFICER'S SIGNATURE <i>Susan J Best D.O.</i>							
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 DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT		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) 1007 N. 7th St. Crown Point, IN 46307			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.			

Parcel # 15 23-9-360-53 + 23-9-360-1



FILED
DEC 27 2007
PEGGY HOLLINGA
LAKE COUNTY, INDIANA
STATE OF INDIANA
FILED FOR RECORD
LAKE COUNTY, INDIANA
DEC 27 10:20 AM 2007

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