

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

Key # 15-397-3

CERTIFICATE OF DEATH

State No.

Local No. 892-05

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle, Last) WILLARD OTTO APPEL				2 SEX MALE		3a TIME OF DEATH 9:15 A M		3b DATE OF DEATH (Month, Day, Yr.) MARCH 26, 2005							
4 *SOCIAL SECURITY NUMBER 356-09-8160		5a AGE—Last Birthday (Years) 85		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) FEB. 7, 1920		7 BIRTHPLACE (City and State or Foreign Country) BREESE, ILLINOIS					
8a WAS DECEDENT A U.S. VETERAN? YES		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/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) METHODIST HOSPITAL SOUTHLAKE CAMPUS				9c CITY, TOWN, OR LOCATION OF DEATH MERRILLVILLE		9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) MILDRED V. CURTIS		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) FOREMAN #4 OPENHEARTH				12b KIND OF BUSINESS/INDUSTRY U.S. STEEL GARY WORKS							
13a RESIDENCE—STATE OMDOAMA		13b COUNTY LAKE		13c CITY, TOWN, OR LOCATION MERRILLVILLE		13d STREET AND NUMBER 7524 TANEY PLACE									
13e ZIP CODE 46410		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		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) GEORGE O. APPEL						19 MOTHER'S NAME (First, Middle, Maiden Surname) CAROLINE E. ZIMMERMAN									
20a INFORMANT'S NAME (Type/Print) MILDRED V. APPEL				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7524 TANEY PL., MERRILLVILLE, IN 46410				20c Relationship WIFE							
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) MARCH 30, 2005 MC COOL CEMETERY				21c LOCATION—City, Town, State PORTAGE INDIANA							
22a EMBALMER'S NAME TERRENCE P. BURNS				22b EMBALMER'S LICENSE NO. 1013890		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>				24b LICENSE NUMBER (of Licensee) 1009461		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME, 10101 BROADWAY CROWN POINT, IN 46307 FDH83002445									
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>acute Cardiorespiratory arrest</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>acute myocardial Infarction</i> DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Hypertension</i>										27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (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) <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>W. Beell</i>						29c MEDICAL LICENSE NO. 01026051		29d DATE SIGNED (Month, Day, Year) 3-28-05							
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. VIJAY DAVE, 200 E. 86TH PLACE, MERRILLVILLE, IN 46410															
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best D.O.</i>										32 DATE FILED (Month, Day, Year) March 30 2005					
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							
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)									
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 004869											