

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 607-08

State No.

1. Decedent's Legal Name (First, Middle, Last) LEONORE H. HILL				1a. Maiden Last Name (if Female) Tegge		2. Sex Female	3. Time Of Death 12:55 PM	4. Date Of Death (Month/Day/Year) February 18, 2008	
5. Social Security Number 310-14-9722	6a. Age - Yrs 86	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) November 14, 1921		8. Birthplace (City And State Or Foreign Country) Manitowac, Wisconsin	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) St. Mary Medical Center									
12. City Or Town, State, And Zip Code Hobart, Indiana 46342				13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation Credit Manager		17. Kind Of Business/Industry Retail	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Hobart		18d. Apt. No.		18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 5395 S. Liverpool Rd.		19. Decedent's Education High School Graduate or GED		20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Harry Tegge			23. Mother's Name (First, Middle, Last) Myrtle Tegge			23a. Mother's Maiden Last Name Not Available			
24. Informant's Name Charlene King			24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 109 Beverly Ln., Hobart, Indiana 46342				
25. Place Of Disposition Kelly-Carroll Cremation Service Gary, Indiana 46408									
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)			25c. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd. P.O. Box 488, Hobart, Indiana 46342							
27b. Signature Of Indiana Funeral Service Licensee: <i>James J. Krause</i>						27c. License Number (Of Licensee): FD01006463			
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death): A. COPD Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last: B. ASHD C. FEB 20 2008									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 1 Year Before Death <input type="checkbox"/> Unknown <input type="checkbox"/> Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			Approximate Interval: Onset To Death 75 yrs 75 yrs	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <i>Lauren Harting</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lauren Harting, MD, 1356 Lake Park Ave. Hobart, IN 46342						44. License Number 01059320A		45. Date Certified 2/20/08	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Susan J Best D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): February 20, 2008 002594			

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27-17-0037-0081

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RECORDER
LAKE COUNTY INDIANA
RECORDER

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