

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue 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. 535-07

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

Market Square 1st Add to Munster hot 217 45-07-19-102-009.000-0217

1. DECEASED-NAME (First, Middle, Last) ELAINE MARIE FERBER		2. SEX FEMALE		3a. TIME OF DEATH 1:34 P M		3b. DATE OF DEATH (Month, Day, Yr) FEBRUARY 23, 2007	
4. *SOCIAL SECURITY NUMBER 310-62-3442		5a. AGE - Last Birthday (Years) 65		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo. Day, Yr) MARCH 5, 1941		7. BIRTHPLACE (City and State or foreign Country) EAST CHICAGO, INDIANA					
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence			
9b. FACILITY NAME (If not institution, give street and number) 8145 WOODLAWN AVENUE			9c. CITY, TOWN OR LOCATION OF DEATH MUNSTER			9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) ADOLPH M. FERBER		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER		12b. KIND OF BUSINESS/INDUSTRY OWN HOME	
13a. RESIDENCE - STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION MUNSTER		13d. STREET AND NUMBER 8145 WOODLAWN AVENUE	
13e. ZIP CODE 46321		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 (K-8) <input type="checkbox"/> Secondary (9-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 2					
18. FATHER'S NAME (First, Middle, Last) ELI SMOLTZ				19. MOTHER'S NAME (First, Middle, Maiden Surname) MILDRED ONDREJKA			
20a. INFORMANT'S NAME (Type/Print) ADOLPH M. FERBER			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8145 WOODLAWN AVE, MUNSTER, IN 46321			20c. Relationship HUSBAND	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <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 1, 2007 COMMUNITY CREMATION SERVICE			21c. LOCATION - City or Town, State SCHERERVILLE, INDIANA		
22a. EMBALMER'S NAME: NA		22b. EMBALMER'S LICENSE NO. NA		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony J. Dziabowicz</i>		24b. LICENSE NUMBER (of Licensee) 01001447		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIABOWICZ F.H. #83002916 9445 CALUMET AVE, MUNSTER, IN 46321			
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. Carcinosis of liver with severe portal hypertension DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death: 10 years							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Asseptic necrosis of both hips							
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							
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>Robert S. Smoltz M.D.</i>		29c. MEDICAL LICENSE NO. 01029277A		29d. DATE SIGNED (Month, Day, Year) FEBRUARY 23, 2007	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ROBERT S. SMOLTZ, M.D., 10010 DON POWERS DRIVE, MUNSTER, INDIANA 46321 015991							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</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 (Yes or No)		34c. DESCRIBE HOW INJURY OCCURRED FILED	
		34e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) SEP 29 2008 PEGGY HOLINGA KATONA LAKE COUNTY AGENT		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) FEB 28 2007			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) (Specify driver, passenger, pedestrian, etc.) NO					