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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LAKE COUNTY

FILED FOR RECORD

RECORDED



Local No. 3659-08 Parcel

State No. 000-007

1. Decedent's Legal Name (Last, First, Middle Initial) 2008 080032 Nancy Louise Rossetto		1a. Maiden Last Name (If Female) 2008 NOV 24 PM 12:00 Nancy		2. Sex Female		3. Time Of Death 05:25 PM		4. Date Of Death (Month/Day/Year) October 18, 2008									
5. Social Security Number 322-30-5841		6a. Age - Yrs 70		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) December 31, 1937		8. Birthplace (City And State Or Foreign Country) Evanston, IL			
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival		11. Facility Name (If Not Institution, Give Street And Number) 5711 W. 154th Ct.		12. City Or Town, State, And Zip Code Lowell		13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name Rudolph M. Rossetto		16. Decedent's Usual Occupation Registered Nurse		17. Kind Of Business/Industry Medical	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Lowell		18c. Street And Number 5711 W. 154th Ct.		18d. Apt. No.		18e. Zip Code 46356		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
19. Decedent's Education Bachelor's Degree		20. Decedent Of Hispanic Origin No		21. Decedent's Race Caucasian		22. Father's Name (First, Middle, Last) Anton Noelke		23. Mother's Name (First, Middle, Last) Edna Noelke		23a. Mother's Maiden Last Name Kieper		24. Informant's Name Rudolph M. Rossetto		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 5711 W. 154th Ct., Lowell, In 46356	
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) German Methodist Cemetery		25c. Location - City, Town, And State Cedar Lake In		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Sheets Funeral Home 604 E. Commercial Ave., Lowell, IN 46356		27a. Funeral Home License Number FH83004277		27b. Signature Of Indiana Funeral Service Licensee <i>Molly Tucker</i>		27c. License Number (Of Licensee) FD09200061			
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Colon Cancer</u> 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: Onset To Death NOV 24 2008												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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If 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		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		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) 018930					
41. Signature Of Person Certifying Cause Of Death <i>R. S. Drasga</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: Dr. Ray E. Drasga MD 1205 S. Main St. - Suite 301, Crown Point, IN 46307						44. License Number #01031484		45. Date Certified 10/21/2008									
46. Additional Funeral Service Provider						47. *Akas:											
48. Signature of Local Health Officer <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): October 27, 2008											