

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

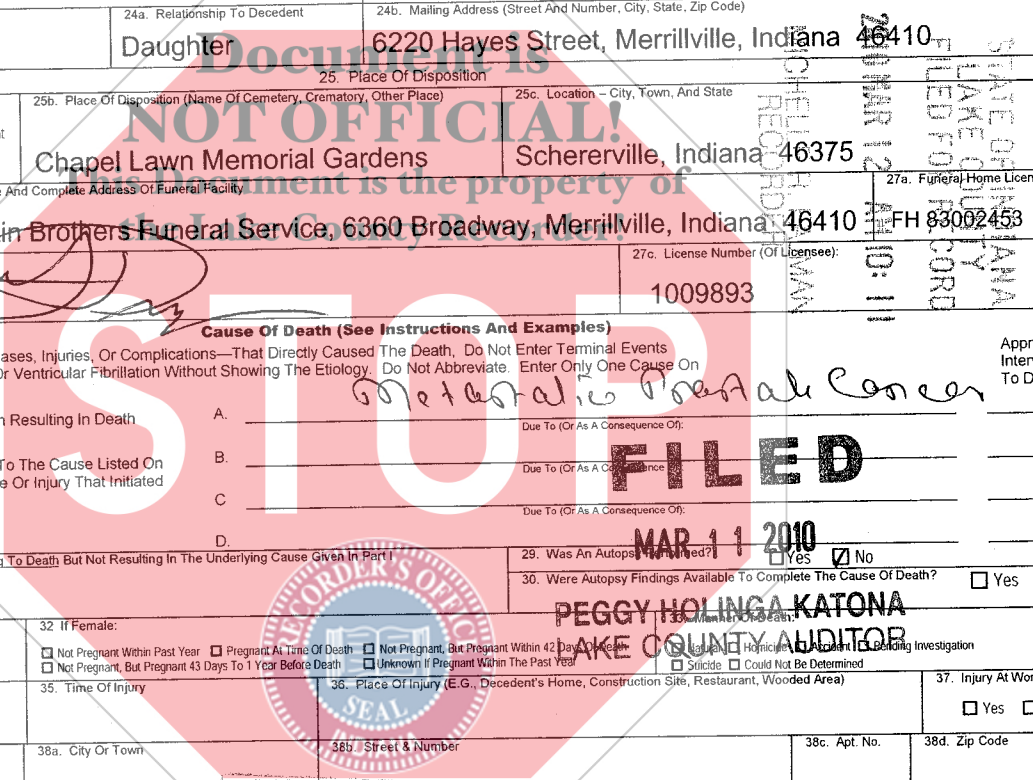


Local No. 1680-09

State No.

1. Decedent's Legal Name (First, Middle, Last) KENNETH H. O'DEEN, JR.				1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time Of Death 2:05 AM	4. Date Of Death (Month/Day/Year) April 16, 2009							
5. Social Security Number [REDACTED]		6a. Age - Yrs 65		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) May 11, 1943		8. Birthplace (City And State Or Foreign Country) Cedar Rapids, Iowa		
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 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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)									
11. Facility Name (If Not Institution, Give Street And Number) Chicagoland Christian Village										12. City Or Town, State, And Zip Code Crown Point, Indiana 46307		13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 N/A			16. Decedent's Usual Occupation Police Officer			17. Kind Of Business/Industry Merrillville Police Department						
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Merrillville		18d. Apt. No.		18e. Zip Code 46410	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
19. Decedent's Education 12th Grade		20. Decedent Of Hispanic Origin No		21. Decedent's Race White		22. Father's Name (First, Middle, Last) Kenneth H. O'Deen, Sr.		23. Mother's Name (First, Middle, Last) Viola O'Deen		23a. Mother's Maiden Last Name Smith					
24. Informant's Name Dawn K. Wojkovich		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 6220 Hayes Street, Merrillville, Indiana 46410											
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) Chapel Lawn Memorial Gardens		25c. Location - City, Town, And State Schererville, Indiana 46375											
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Pruzin Brothers Funeral Service, 6360 Broadway, Merrillville, Indiana 46410						27a. Funeral Home License Number: IFH 83002453							
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee): 1009893									
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. Metastatic Prostate Cancer Approximate Interval: Onset To Death										Immediate Cause (Final Disease Or Condition Resulting In Death) 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. _____ Due To (Or As A Consequence Of): _____					
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. Anaemia										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 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 Before 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. Date Of Injury (Month/Day/Year)		34. Time Of Injury		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		36. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
37. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code \$11							
39. Describe How Injury Occurred										40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) MTI CVA					
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</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. Shreyas A. Desai, 2640 Hamstrom Road Portage, Indiana, 46368 (219) 762-4423		44. License Number 01027933		45. Date Certified 4/27/09			
46. Additional Funeral Service Provider:						47. *Akas:									
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): April 27, 2009 000773									

HOLD FOR MERIDIAN TITLE CORP
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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT