INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

10001No H313-13-15	29					9	tate No			
1 Decedent's Legal Name (First, Middle, Last)		1a Maiden Last N	lame (If Female)		2 Sex		ne Of Death	1. Date C	of Death (Month/Day/Year)	
Harry A. Vander Vli	et.				Male	1:	25 AM	Dece	2009	
Social Security Number 6a Age - Yrs 6b Under 1 Year	6c Under 1 Month	6d Under 1 Day	6e Under 1 Hour	7 Date	Of Birth (Month/Da	y/Year)	8 Birthplace (Cit	ly And State	Or Foreign Country)	
355-18- 4855 83	Days	Hours	Minutes	рес	1925		Hollan	ıd. N	Michigan	
4855 83 9. Ever in U.S. Armed Forces? 10 If Death Occurred in A Hi	ospital		10a If Death Occurr	ed Somewhere (Other Than A Hosp			\sim	_	
▼ Yes □ No Unknown □	Department Outpatient	Dead On Arrival	☐ Hospice Facility	☐ Decedent's H	Home Nursing	Home/Long-	Term Care Facility	☐ Other (S	pecify)	
11 Facility Name (If Not Institution, Give Street And Number)										
St. Margaret Mercy So	outh Camp	ous 	12 Causty	Of Death			14 Marital Statu	s At Time Of	Death	
12 City Or Town, State, And Zip Code			13 County Of Death Lake				14 Marital Status At Time Of Death X□ Married □ Married But Separated □ Divorced			
Dyer, Indiana 46311							☐ Widowed ☐ Never Married ☐ Unknown			
15 Surviving Spouse's Name 15a (If Wife)Give Maiden Last Nam							17 Kind Of Business Andustry Construction			
Eloise M. Vander Vliet Broertjes			Contractor				Construction			
	18a County		18b City Or Town				2			
Indiana	Lake		Dye	er						
18c Street And Number					18d A	kpt No	18e. Zip		18f. Inside City Limits?	
1435 Rokosz Ln.							463	311	□X res □ No	
19 Decedent's Education	20. Decedent Of Hispan	nic Origin	21	Decedent's Rac	e		•			
14	No			Whi				60		
22. Father's Name (First, Middle, Last)		_	23 Mother's Name				23a	-	aiden Last Name	
William Vander Vliet			May Var	ider V	/liet		V V	erse	endaa1	
24. Informant's Name	24a. Relationship 7	o Decedent	24b. Mailing Addres	s (Street And No	imber, City, State,	Zip Code)	72	\$2°	1 1 1 m	
Eloise Vander Vliet	Wife		1435 H	Rokosa	z Ln.	Dyer	, Thdi	ana	46314	
Of a Mathed Of Disposition	on Of Diamonities (Name		Place Of Disposition		on – City, Town. An	d State			28 <u>.</u>	
	ice Of Disposition (Name O	Cemetery, Cremator	ry, Other Place)	25c Locatio			85	70	70 S S S	
M Bunal ☐ Cremation ☐ Donation ☐ Entombment M Removal From Stale	yline Men	orial	Park	M	nee,	T11i	nois	S W		
						\		••	neral Home License Number	
Yes XI No Anthony	Address Of Funeral Facility Dziado	Wifizer	une tal I	lombe	rty of		4	-4-	33002916	
27b. Signature Of Indiana Funeral Service Licensee:	lumet Ave	Muns	ter, IN	46321	C1 27c Licen		(2):	FHC	3002916	
1/	the L	auxe Co	runty itt	COIG						
Bon Ka						208	0008	9		
28. Part I. Enter The Chain Of Events—Diseases, Injurie			ed The Death, Do N		,				Approximate	
Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular A Line. Add Additional Lines If Necessary.	Fibrillation Without Sh			te. Enter Only	One Cause Or	1			Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In	n Death A.		GP 515							
Consolidated Conditions MAny Londing T. The Cons	a Lista d Ca			Due To (Or As	A Consequence Of)					
Sequentially List Conditions, If Any, Leading To The Caus Line A. Enter The Underlying Cause (Disease Or Injury T	hat Initiated			Due To (Or As	A Consequence Of)					
The Events Resulting In Death) Last	С			Due To (Or As	A Consequence Of)					
Part II. Enter Other Significant Conditions Contributing To Death But I	D.	vino Cause Tran In		2 Was An	Autopsy Performe	d?				
Part II. Effect Offer Significant Conditions Contributing To Beauti Dut	Not ivesuming in The Origen	ying Cause	THE DES				Yes X No		Yes No	
31 Did Tobacco Use Contribute To Death? 32 If Fe	nale.	T.O.			22.6	Manner Of E	Seath .			
	egnant Within Past Year	gnant At Time Of Jean	R _{Not Pregrant, 2010}	nt Within 42 Days O			nicide 🗖 Accident 🗖	Pending Invest	igalion	
□ Not Ph	egnant, But Pregnant 43 Days To		Unknown If Pregnant With lace Of Injury (E.G., Dec		☐ Su	iicide 🗖 Cou	ld Not Be Determined		7 Injury At Work?	
55. 54. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3.00.0		OLINGA KA			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes No	
38 Location Of Injury - State 38a City	Or Town	LAKE GC	UNTY AU	POTIC			38c Apt. N	0. 386	Zip Code	
		100	MANIM						C (1 CG)	
					1 40	. If Transpo	ortation injurit. Spec	ifv.	(1-)7p.	
					1 1		or Deastorner			
39 Describe How Injury Occurred						: Univervuperat	lor LiPassenger Li		Ottom Careerly 1 1	
39 Describe How Injury Occurred				**	, ,	Enven/Uperat	or El Passernger 'El		725873	
41 Signature, Of Person Certifying Cause Of Death:					42 Certifier (Chec	k Only One)		325873 1	
				No.	42 Certifier (Chec	k Only One	Oporoner Health	Office	25873	
41 Signature, Of Person Certifying Cause Of Death: 43 Name, Address And Zip Code Of Person Certifying Caus				4639	42 Certifier (Chec	k Only One)	Office	inter Certified	
41 Signature, Of Person Certifying Cause Of Death: 43 Name, Address And Zip Code Of Person Certifying Cause C • Pate1, MD 2075 Inc.	dianapoli			4639	42 Certifier (Chec	k Only One	Oporoner Health	Office	125873 Pate Certified 2:17:2009	
41 Signature, Of Person Certifying Cause Of Death: 43 Name, Address And Zip Code Of Person Certifying Caus C • Pate1, MD 2075 Inc.				4639	42 Certifier (Chec	k Only One	Oproner Health	Office	Date Certified 2:17:2009	
41 Signature, Of Person Certifying Cause Of Death: 43 Name, Address And Zip Code Of Person Certifying Cause C • Patel, MD 2075 Inc. 46 Additional Funeral Service Provider: Schroede	dianapoli er-Lauer	Funera	1 Home	4639 ng, IN	42 Certifier (Chec	k Only One gercian 141 44 Licens 47 Akas	Oproner Health	Office 45 D	125873 Date Certified 2 - 17 - 2009	
41 Signature, Of Person Certifying Cause Of Death: 43 Name, Address And Zip Code Of Person Certifying Cause C • Patel, MD 2075 Inc. 46 Additional Funeral Service Provider: Schroede	dianapoli	Funera	1 Home	4639 ng, IN	42 Certifier (Chec	k Only One gercian 141 44 Licens 47 Akas	Oproner Health Number	Office 45 D	ate Certified 2 · / 7 · 2009	
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