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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

45-07-34-202-041-000-006

Local No. 1997-10

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>FRANK M. DELACHE</b>				1a. Maiden Last Name (if Female)		2. Sex <b>MALE</b>		3. Time Of Death <b>12:42 P.M.</b>		4. Date Of Death (Month/Day/Year) <b>JUNE 24, 2010</b>		
5. Social Security Number <b>313-12-5584</b>		6a. Age - Yrs <b>85</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		
7. Date Of Birth (Month/Day/Year) <b>July 27, 1924</b>		8. Birthplace (City And State Or Foreign Country) <b>Hammond, Indiana</b>										
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 checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival										
11. Facility Name (If Not Institution, Give Street And Number) <b>THE COMMUNITY HOSPITAL 901 MACARTHUR BLVD.</b>												
12. City Or Town, State, And Zip Code <b>MUNSTER, INDIANA 46321</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Male <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>Anne DeLache</b>				15a. (If Wife) Give Maiden Last Name <b>Wellman</b>				16. Decedent's Usual Occupation <b>Yard Clerk</b>			17. Kind Of Business <b>IHB-Railroad</b>	
18. Residence - State <b>Indiana</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Griffith</b>			18c. Street And Number <b>929 West Glen Park Ave.</b>		18d. Apt. No.	18e. Zip Code <b>46319</b>
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19. Decedent's Education <b>12</b>		20. Decedent Of Hispanic Origin <b>No</b>		21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>Thomas Delach</b>				23. Mother's Name (First, Middle, Last) <b>Katherine Delach</b>				23a. Mother's Maiden Last Name <b>Zager</b>				
24. Informant's Name <b>Anne DeLache</b>				24a. Relationship To Decedent <b>Wife</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>929 W. Glen Park Ave. Griffith, IN. 46319</b>				
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) <b>Kelly Carroll Crematory</b>				25c. Location - City, Town, And State <b>Gary, Indiana</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>White Funeral Home &amp; Cremation Service Griffith, IN. 46319</b>										
27b. Signature Of Indiana Funeral Service Licensee: <i>Royal E. White</i>						27c. License Number (Of Licensee): <b>FD08700086</b>						
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>Endopulmonary aneurysm</u> Due To (Or As A Consequence Of): B. <u>Cerebral venous thrombosis</u> Due To (Or As A Consequence Of): C. <u>Coronary artery disease (Complete Heart Block)</u> Due To (Or As A Consequence Of): D. _____ 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 type="checkbox"/> No						
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year) <b>JUL 01 2010</b>			36. Place Of Injury (E.G., Decedent's Home, Workplace, Site, Restaurant, Wooded Area) <b>LAKE COUNTY HEALTH DEPARTMENT</b>			38. Location Of Injury - State <b>IND 29 2010</b>			38a. City Or Town			
38b. Street & Number			38c. Apt. No.			38d. Zip Code			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
39. Describe How Injury Occurred <b>PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						44. License Number <b>02001071A</b>			45. Date Certified <b>JUNE 28, 2010</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>S. JOSIAH CHAN, D.O. 911 FRAN LIN PARKWAY MUNSTER, INDIANA 46321</b>						47. *Akas:			49. For Registrar Only - Date Filed (Month/Day/Year): <b>June 29 2010</b>			
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MUNSTER, INDIANA  
JUN 29 2010  
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