



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10

45-16.09.257.008.000.042

Local No 452-09

State No

| | | | | | | | | | | | |
|--|----------------------------|--|--|---|--|--|--|--|---------------|---|---|
| 1. Decedent's Legal Name (First, Middle, Last) Carleton C. Rippy | | | | 1a. Maiden Last Name (If Female) | | 2. Sex Male | 3. Time of Death 10:00 PM | 4. Date of Death (Month/Day/Year) February 16, 2009 | | | |
| 5. Social Security Number 312-09-6611 | 6a. Age - Yrs 89 | 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 12, 1919 | | 8. Birthplace (City And State Or Foreign Country) Loretto, Tennessee | | | |
| 9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 10. If Death Occurred In A Hospital: <input checked="" 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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify) | | | | | | |
| 11. Facility Name (If Not Institution, Give Street And Number) St. Anthony Medical Center | | | | | | | | | | | |
| 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 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 Loretta Rippy | | | 15a. (If Wife) Give Maiden Last Name Davis | | 16. Decedent's Usual Occupation Machinist | | 17. Kind Of Business/Industry Manufacturing | | | | |
| 18. Residence - State Indiana | | | 18a. County Lake | | 18b. City Or Town Crown Point | | 18c. Street And Number 393 Golden Oak Ct. | | 18d. Apt. No. | 18e. Zip Code 46307 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Decedent's Education 8 | | 20. Decedent Of Hispanic Origin Non-Hispanic | | | 21. Decedent's Race White | | | 23a. Mother's Maiden Last Name Hertley | | | |
| 22. Father's Name (First, Middle, Last) Albert W. Rippy | | | | 23. Mother's Name (First, Middle, Last) Hattie Rippy | | 24. Informant's Name Loretta Rippy | | | | | |
| 24a. Relationship To Decedent Wife | | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 393 Golden Oak Ct., Crown Point, Indiana 46307 | | | | | | | | |
| 25. Place Of Disposition | | | | | | | | | | | |
| 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 Geisen Funeral Home, Crown Point 606 E. 113th Ave., Crown Point, Indiana 46307 | | | 27a. Funeral Home License Number: 19990068 | | | 27b. Signature Of Indiana Funeral Service Licensee: <i>Michelle L Tracy-Katasos</i> | | | 27c. License Number (Of Licensee): FD2970007 |
| 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>Respiratory Arrest</u> Approximate Interval: Onset To Death <u>minutes</u> B. <u>Congestive Heart Failure</u> <u>5 Days</u> C. <u>Arteriosclerotic Heart Disease</u> <u>years</u> D. _____ Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <u>renal failure, NIDDM</u> | | | | | | | | | | | |
| 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 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 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 checked="" type="checkbox"/> No | | | |
| 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) | | | | 38. City Or Town | | | |
| 38. Location Of Injury - State | | 38a. City Or Town | | 38b. Street & Number 054673 | | | | 38c. Apt. No. | | 38d. Zip Code 11 | |
| 39. Describe How Injury Occurred 054673 | | | | | | | | | | | |
| 40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) CS | | | | 41. Signature Of Person Certifying Cause Of Death: <i>Joseph A. Kacmar, M.D.</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: Joseph A Kacmar, Dr. 123 N. Court St., Crown Point, Indiana 46307 | | | | 44. License Number 01027088 | | 45. Date Certified 2/18/09 | | | | | |
| 46. Additional Funeral Service Provider: PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR | | | | | | | | | | | |
| 48. Signature of Local Health Officer: <i>Susan J. Best, D.O.</i> | | | | | | | | | | | |
| 49. For Registrar Only - Date Filed (Month/Day/Year): February 19, 2009 | | | | | | | | | | | |