

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No					State No			**************		
Decedent's Legal Name (First, Middle, Last) THEODORE J. ROGUS			, , , , , , , , , , , , , , , , , , , ,			2. Sex	l l	3. Time Of Death 4. Date Of Death (Month/Day/Year) 9:30 AM JANUARY 14, 2010		
										
5. Social Security Number 6a. Age Yrs 88	6b. Under 1 Ye	ear <u>6c. Under 1</u> Days	Month 6d, Under 1 Day Hours	6e. Under 1 Ho	ı	of Birth (Month/I ugust 9, 192		8. Birthplace (City And State Or Foreign Country) EAST CHICAGO, INDIANA		
	eath Occurred In A i	,		10a. If Death O	ccurred Somewhe	re Other Than A	Hospital: Ho	ospice Facility	✓ Dece	dent's Home Nursing Home/Long-
☑ Yes ☐ No Unknown ☐ ☐ Inpa	Term Care Facility ☐ Other (Specify)									
11. Facility Name (If Not Institution, Give Street 8416 5TH STREET	And Number)						,			
				1 49 60	unty Of Death			14 Model	Status At 7	Time Of Dooth
12. City Or Town, State, And Zip Code HIGHLAND, INDIANA 46322		LAKE				14. Marital Status At Time Of Death ☐ Married ☐ Married, But Separated ☐ Divorced ☑ Widowed ☐ Never Married ☐ Unknown				
15. Surviving Spouse's Name N/A			15a. (If Wife)Give Maide	` '			t's Usual Occupat	tion	1	Kind Of Business/Industry
18. Residence – State 18a. County			18b. City Or Town			L				
INDIANA	DIANA LAKE			HIGHLAND					က	
18c. Street And Number				i	8d. Apt. No.		Zio Code	18t. Inside City Limits's		
8416 5TH STREET		-					N/A	46	322	ares (1140
19. Decedent's Education Some college credit, but no degr	f Hispanic Origin Inish/Hispanic/Latin						76			
22. Father's Name (First, Middle, Last)		23. Mother's Name (First, Middle, Last)						ner's Maiden Last Name		
ADOLPH ROGUS				VALERIA ROGUS				UNAVAILABLE		
24. Informant's Name DEBRA A. TERPS	riship to Decedent	245. Mailing Address (Street And Number, City, State, Zip Code) 645 GATEWOOD DRIVE LOWELL, INDIANA 46356								
25a. Method Of Disposition.	. 25b. P	lace Of Disposition (N	25. P ame Of Cemetery, Cremator	lace Of Disposit v. Other Place)		ation - City, Tow	n, And State		2	
☐ Donation ☐ Entombment ☐ Removal From ☐ Other (Specify):	CEMETERY					ICH.	in St	ACE.		
1	·	te Address Of Funeral AL HOME 90	Facility 39 KLEINMAN RD.	HIGHLAND,	INDIANA 46	322	750		O	7a Fundal Home License Number FH49300021
27b. Signature Of Indiana Funeral Service Licen	see:					,	FD010 (2	e Number (O	f Licensee)	REE
28. Part I. Enter The Chain Of Events— Such As Cardiac Arrest, Respiratory Arre A Line, Add Additional Lines If Necessar	st, Or Ventricula	es. Or Complication	out Showing The Etiplog	ed The Death, D y. Do Not Abbro	o Not Enter Te eviate. Enter O	rminal Events		S Mu	<u></u>	Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Con	dition Resulting	In Death	A//01	astal		As A Consequence		anu		
Sequentially List Conditions, If Any, Leac Line A. Enter The Underlying Cause (Dis The Events Resulting In Death) Last			B	, , , , , , , , , , , , , , , , , , ,	Due To (Or	As A Consequence	O():			
Part II. Enter Other Significant Conditions Contri	udios To Dooth Bud	Not Courting to The	D.	Port I		An Autopsy Pen	nomed?		<u> </u>	
		-	Onderlying Cause Cive in in		SEPw2	7 2010	gs Available To C	omplete The	No Cause Of I	Death? ☐ Yes ☑ No
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No Bunknown	32 If Fe		☐ Pregnant At Time Of Death 【	PEG(GY HOLL		33. Manner Of D		ent 🗖 Panelli	nd Investigation
34. Date Of Injury (Month/Day/Year)	☐ Not P	regnant, But Pregnant 43 to ne Of Injury	Days To 1 Year Before Death	Unknown It Arestali ace Of Injury (E.G.	Within Vie had year Decedent's Home	$I \lor A I I \Gamma$	Tall Strickton Education	d Not Be Detem Vooded Area	nined	ng investigation 37. Injury At Work?
COMMUNITY TITLE COMPANY										☐ Yes ☐ No
38. Location Of Injury - State	38a. Cit	in L	43637	Street & Number	na (NACAS) W BEROUNGA W SENSEMBU	reg eg á 1865 E Gríðballi Tarbanasar	ON SILE WILL		lpt. No.	386. Zip Code
39 Describe How Injury Occurred		State		1 . 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iv esitibii	ZZZZIMEW!	40. If Trans			
41. Signature, Of Person Certifying Cause Of De	ath:	1		4	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	医多克克定 电极	Check Only One)	tube.		ian Other (Specify)
Laitin	//	m	Kathryn H. Mu	Illigan, M.	D	Certifyin	g Physician 🗖 C	Coroner 🔲 🖡	leaith Office	er 🔾 l
43. Name, Address And Zip Code of Person Certifying Cause Of Death: 919 Main St., Suite 103 Dyer, IN 46311						<u> </u>	44. Licens	se Number	20,	45. Date Certified
46. Additional Funeral Service Provider:					g vec survive e ma		47. *Akas:	paga a sa na masamak	- /df	1 1/8/10
18. Signature of Local Health Officer:	DE	Sest D). <i>o</i> .	49. For Regi	strar Only - Date	Filed (Month/Da	ly/Year):			
		•				ey U	1 Y .	<u> </u>	<u>10</u>	S ARE CONFIDENTIAL PERIO 16-3 7-1-10