INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

45-19.25-10/-007.000.00

| 9. Ever In U.S. Armed Forces? 10. If Death Occurred in A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital: 11a. If Death Occur | | 35 | do -10 |) | 45 | -/9.a | O . /6 | F/- 00 | | | | | | |
|--|---|--|--|---|--|---|---------------------------------------|---|------------------|--|--------------------|--|--|--|
| 333-36-3691 67 work Do. 4.00 w | | irst, Middle, Last) | emmah | , | | | | 2. Sex 3. Time | | Of Death 4. Date Of Death (Month/Day/Year) | | | | |
| The Company | Social Security Number | | | | 6d. Under f Day | 6e. Under 1 Hour | 1 | | | ' 5 | | | | |
| The part Control Con | 333-36-3691 | 67 | Months | Days Hours Minutes October 5, 1943 Chicago, IL | | | | | | | | *************************************** | | |
| Note Comparison Compariso | | | | rm Care Facilit | | | | | | | | | | |
| Convert Point Lake Section S | 11. Facility Name (If Not Inst | titution, Give Street / | And Number) | Department Outpasent | Dead Oil Faired | 1 Est Hoopies Comy | | | | | | Marine Control | | |
| Convert Conv | | | nter | | | I 12 County | Of Davin | | | A Marital Sta | tus At Time Of D | eath | | |
| Second Companies Second Comp | Crown Point | · | | I den lietalen | Lake | | | Married, But Separated Divorced Widowed Never Married Unknown | | | | | | |
| IN Lake Lowell 18. Best Age No. 19. December State 9 - 12th, No diploma 19. December State No. 10. December State 19. Suprairy State State 1 | Bernard Hemmah | | | | Hemmah Sea | | | mstress Par | | | | rk Dept. 9 | | |
| The Security Number Securit | | | | | . | | | \sim | | | | | | |
| St. Noncominate Sections St. Decodered Of Preparer Origin St. Decodered Of Preparer Origin St. Decodered Parket States St. Decodered Of Preparer Origin St. Decodered Parket States St. Decodered Parket St. Deco | *** | | | Lake | Ae Lowen | | | Total Application | | | | | | |
| 9 - 12th, No diploma 20 Talles, Name (Path, Made, Last) Rey E. Brubl 21 Telegraph, Made, Last) Rey E. Brubl 22 Telegraph, Made, Last) 23 Notice A lase (Path, Made, Last) Reves E Brubl 24 Telegraph (Path, Made, Last) Reves E Brubl 25 Path (Collegraph) 26 Path (Collegraph) 27 Telegraph (Path, Made, Last) 28 Path (Collegraph) 29 Path (Collegraph) 20 Path (Collegraph) 21 Path (Collegraph) 22 Path (Collegraph) 23 Path (Collegraph) 24 Path (Collegraph) 25 Path (Collegraph) 26 Path (Collegraph) 27 Telegraph (Path) 28 Path (Collegraph) 29 Path (Collegraph) 29 Path (Collegraph) 20 Path (Collegraph) 21 Path (Collegraph) 22 Path (Collegraph) 23 Path (Collegraph) 24 Path (Collegraph) 25 Path (Collegraph) 26 Path (Collegraph) 27 Telegraph (Path) 28 Path (Collegraph) 29 Path (Collegraph) 20 Path (Collegraph) 21 Path (Collegraph) 22 Path (Collegraph) 23 Path (Collegraph) 24 Path (Collegraph) 25 Path (Collegraph) 26 Path (Collegraph) 27 Telegraph) 28 Path (Collegraph) 29 Path (Collegraph) 29 Path (Collegraph) 20 Path (Collegraph) 21 Path (Collegraph) 22 Path (Collegraph) 23 Path (Collegraph) 24 Path (Collegraph) 25 Path (Collegraph) 26 Path (Collegraph) 27 Path (Collegraph) 28 Path (Collegraph) 29 Path (Collegraph) 29 Path (Collegraph) 29 Path (Collegraph) 20 Path (Collegraph) | 1668 Canary | | | | | | | | 16356 | Yes 🖸 No | | | | |
| 25. February Harmer (First, Media, Last) Roy E. Bruhl 26. Nandapology To Locate 1 16.68 Canary Ln., Lowell, IN 46356 27. Nature Per Nandapology To Locate 1 28. Nature Of Disposition 29. Part I. Great The United Disposition (Part In Nature Of Disposition) 29. Part II. Great The China C. Extension Services 604 E. Commercial Ave., Lowell, IN 46356 29. Separate Disposition (Part In Nature Of Disposition) 29. Part II. Great The China C. Extension Disposition (Part In Nature Of Disposition) 29. Part II. Great The China C. Extension Disposition (Part In Nature Of Disposition) 29. Part II. Great The China C. Extension Disposition (Part In Nature Of Disposition) 29. Part II. Great The China C. Extension Disposition (Part In Nature Of Disposition) 29. Part II. Great The China C. Extension Disposition (Part In Nature Of Disposition) 29. Part II. Great The China C. Extension Disposition (Part In Nature Of Disposition) 29. Part II. Great The China C. Extension Disposition (Part In Nature Of Disposition) 29. Part II. Great The China C. Extension Disposition (Part In Nature Of Disposition) 29. Part III. Great The China C. Extension Disposition (Part In Nature Of Disposition) 29. Part II. Great Color Significant Linear The China C. Extension Disposition (Part In Nature Of Disposition) 29. Part II. Great Color Significant Condition (Part In Nature Of Disposition) 29. Part II. Great Color Significant Condition (Part In Nature Of Disposition) 29. Part II. Great Color Significant Condition (Part In Nature Of Disposition) 29. Part II. Great Color Significant Condition (Part In Nature Of Disposition) 29. Part III. Great Color Significant Condition (Part In Nature Of | 1 | nlome | | | | | | | | | | | | |
| Roy E. Bruhl 24. Realizability 15 Unicident Bernard Hemmah 25. Part C. Green Control 10 Unicident 10 Uni | 1 | | | <u> </u> | NO | | | <u> </u> | | 23 | a. Mother's Mai | den Last Name | | |
| Secretary Secr | | | | | | | | | | | Roesler≌ | | | |
| 28. Flace of Disposition 29. Flace of F | 1 * | 24a. Relationsh | 24a. Relationship To Decedent 24b. Mailing Address | | | | | | | | | | | |
| 28. Part I. Enter The Chain of Events—Diseases, Highlas, Or Complication Williams (Created Are, Lowell, IN 46356 29. Part I. Enter The Chain of Events—Diseases, Highlas, Or Complication Williams (Created Are, Lowell, IN 46356 29. Part I. Enter The Chain of Events—Diseases, Highlas, Or Complication—That Directly Caused The Death, Ose Interfructions And Examples (Problem) 29. Part I. Enter The Chain of Events—Diseases, Highlas, Or Complication—That Directly Caused The Death, Ose Interfructions And Examples (Problem) 29. Part I. Enter The Chain of Events—Diseases, Highlas, Or Complication—That Directly Caused The Death, Ose Interfructions And Examples (Problem) 29. Part I. Enter The Chain of Events—Diseases, Highlas, Or Complication—That Directly Caused The Death, Ose Interfructions And Examples (Problem) 29. Part II. Enter The Chain of Events—Diseases, Highlas, Or Complication—That Directly Caused The Death, Ose Interfructions And Examples (Problem) 29. Part II. Enter The Chain of Events—Diseases, Highlas, Or Complication—That Directly Caused The Death, Ose Interfruction Enter Reculting In Death (See Instructions And Examples) 29. Part II. Enter The Chain of Events—Diseases, Highlas, Or Complication—That Directly Caused The Death, Ose Interfruction Entervision—That Directly Caused The Death (See Instructions And Examples) 29. Part II. Enter The Chain of Events—Diseases (Primal Plants) 29. Part II. Enter The Chain of Events—Diseases (Primal Plants) 29. Part II. Enter The Chain of Events—Diseases (Primal Plants) 29. Part II. Enter The Chain of Events—Diseases (Primal Plants) 29. Part II. Enter The Chain of Events—Diseases (Primal Plants) 29. Part II. Enter The Chain of Events—Diseases (Primal Plants) 29. Part II. Enter The Chain of Events—Diseases (Primal Plants) 29. Part II. Enter The Chain of Events—Diseases (Primal Plants) 29. Part II. Enter The Chain of Events—Diseases (Primal Plants) 29. Part II. Enter The Chain of Events—Diseases (Primal Plants) 29. Part II. Enter The Chain of Events—Diseas | Bernard Hemn | nah | | Husbar | | <u> </u> | nary Ln., I | Lowell, I | N 463 | 356 | S | m- F | | |
| Serial Consented Doubleon Enterchment Geisen Cremation Centre Crown Point IN The Finance From Serial Content Consent From Serial Content From Serial Con | 25a. Method Of Disposition. | | 25b. Pi | ace Of Disposition (Name | | | 25c. Location - | - City, Town, And | f State | -8 | | - J.M. | | |
| Sheets Funcral Home & Cremation Services 276. Signature of Johann Funced Service Consequency Invasor Services 276. Signature of Johann Funced Service Consequency Invasor Services 277. Signature of Johann Funced Service Consequency Invasor Services 278. Part 1. Enter The Chapter of Services Presented on Virtual Services 278. Part 1. Enter The Chapter of Services Presented on Virtual Services 278. Part 1. Enter The Chapter of Services Presented on Virtual Services 278. Part 1. Enter The Chapter of Services Presented on Virtual Services 278. Part 1. Enter The Chapter of Services Presented on Virtual Services 278. Part 1. Enter The Chapter of Services Presented on Virtual Services 278. Part 1. Enter The Chapter of Services Or Confidence on Virtual Services 278. Part 1. Enter The Chapter of Services Or Confidence on Virtual Services 279. Part 1. Enter The Underlying Causes (Diseases). Injury That Initiated 279. Part 1. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 1. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 1. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 1. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 1. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 1. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 1. Enter Other Services 279. Part 1. Enter The Underlying Causes (Disease Or Injury That Initiated 279. Part 2. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 2. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 3. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 3. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 3. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 3. Enter The Underlying Causes (Diseases Or Injury That Initiated 279. Part 3. Enter The Cause Causes of The Causes Causes Or Injury That Initiated | Removal From State Other (Specify): | | Geis | | | | Crowi | n Point II | N . | | | The second secon | | |
| 27b. Signature Of Jidura Funesal Service Ucontect: The Chain Of Events—Diseases, Injuries. Or Complications—That Directly Caused The Death. Do Not Enter Terminal Evints Such As Cardiod Area Areas Respiratory, Areas of Ventriculaer Fibrillation Without Strowing The European College of Not Respiratory and Alice. Add Additional Lines If Nocessary. Immediate Cause (Finish Disease Or Condition Resulting in Death Immediate Cause (Finish Disease Or Condition Resulting in Death Immediate Cause (Finish Disease Or Condition Resulting in Death Immediate Cause (Finish Disease Or Condition Resulting in Death Immediate Cause (Finish Disease Or Condition Resulting in Death Immediate Cause (Finish Disease Or Injury That Initiated The Events Resulting in Death) Last Bulle to arteriosclerocic Reart and vascular disease Due to Arterioscherocic Reart and Vascular disease Due to Arteriosclerocic Reart and Vascular disease Due to Arterioscherocic Reart and Vascular disease Due to Arterioscherocic Reart and Vascular disease Due to Kra A Consequence Off Due to Resulting in Death Particular disease Due to Kra A Consequence Off Due to Kra A Conse | 1 | 8 | Sheets Funer | al Home & Cre | mation Services | s | | THIS C | ERTHILS | THE ABOV | | | | |
| Cause of Death (See Instructions And Examples) 28. Part I. Enter The Chain Of Events—Oliseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardioc Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Eulogy. Do Not Abbreviate. Enter Ciryl One Cause On Info@Control Control | 604 E. Commercial Ave., Lowell, IN 46356 COPY OF THE CENTIFICATE OF DEAR ON PIL WITH THE 27b. Signature Of Indiana Funeral Service Ucensee: | | | | | | | | | | | | | |
| 28. Part 1. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Eviptre South & Cardiol Areast, Respiratory Arrest, Cor 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 Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting in Death) Last Due to arteriosclerotic heart and vascular disease Due to arteriosclero | X | en | <u>SX</u> | reets | | | | | | 00045 | | | | |
| Due to arteriosclerotic heart and vascular disease Due to arteriosclerotic heart | Such As Cardiac Arrest | , Respiratory Arre | est, Or Ventricula | es, Or Complications or Fibrillation Without | -That Directly Caus Showing The Etiolog | ed The Death, Do N gy. Do Not Abbrevia | lot Enter Termin te. Enter Only C | al Events | | OCT | 12701 | Interval: Onset To Death | | |
| Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Of Injury That Initiated The Events Resulting In Death) Last Date To (Or As A Consequence Of): Part II. Enter Other Significant Conditions Contributions To Death? 23 If Fernal | Immediate Cause (Fina | l Disease Or Cor | dition Resulting | In Death A | Vascula Duo to | arteriose | Due To (Or As A C | Consequence Of): | t and | vaec | ular d | | | |
| The Events Resulting In Death) Last C Due 16 (Or Az A Consequence Off): Due 17 (Or Az A Consequence Off): Due 17 (Or Az A Consequence Off): Due 18 (Or Az A Consequence Off): Due 18 (Or Az A Consequence Off): Due 18 (Or Az A Consequence Off): Due 19 (Or | Sequentially List Condit | tions, If Any, Lead erlying Cause (Di | ding To The Caus | se Listed Un | D | | | | | | IBCABC | | | |
| Part II. Enter Other Standfoart Conditions Contribution to Death But Not Resulting in The Underlying Cause Given in Part I 29. Was An Autopsy Performed* | The Events Resulting In Death) Last C | | | | | | | | | | | | | |
| 31. Did Tobacco Use Contribute To Destin? St. Person Probably No Digitations St. Person Programt A Time of Destin Not Program Within 17th Peat Year Programt A Time of Destin Not Program Within 17th Peat Year Program Within 17th Peat Year St. Time Of Injury (Month/Day/Year) St. Time Of Injury (Anth/Day/Year) St. Time Of Injury (St. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) St. Injury At Work? Yes No | Part li. Enter Other Significa | ant Conditions Contr | ibuting To Death But | | | Part I | 29. Was An A | utopsy Performed | 1 ? [| ⊐Yes K⊽ | No | | | |
| Not Pregnant Win Peacher Progrant At Time Of Death Not Pregnant Winin 42 Days Of Death Stude Academt Pending Investigation Not Pregnant Vision The Peacher Division The | | | | 951 | | | 30. Were Auto | opsy Findings Ava | ilable To Co | mplete The Ca | use Of Death? | Yes X No | | |
| Note Programed 43 Days for 1 Year Before Death Quantum Hirth Program Water In the Year Year Quade Quade Not Be Determined 35. Time Of Injury At Work? QCT 1 3 2006 Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) 37. Injury At Work? Yes No | | |] | | Property At Time Of Florith | FT Not Draggert Sut Dragge | ant William 42 David Of D | i i | | | C Conding levertie | action | | |
| 38. Location Of Injury - State 38a. City Or Town PEGGY HOLINGA KATESTMANDER 38b. Apt. No. 38c. Apt. No. 38c. Apt. No. 38c. Apt. No. 38d. Zip Code 38c. Apt. No. 38d. Zip Code 40. If Transporation Injury, Specify: Driver/Operator Passenger Pedestrian Other (Specify) 41. Signature, Of Person Certifying Cause Of Death: 42. Certifier (Check Only One) Certifying Physician X Coroner Health Officer 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 45. Date Certified 46. Additional Funerat Service Provider: 47. *Akas: 48. Signature of Local Health Officer 49. For Registrar Only – Date Field (Month) Day/Year): 49. For Registrar Only – Date Field (Month) Day/Year): 40. If Transporation Injury, Specify: Driver/Operator Passenger Pedestrian Other (Specify) 41. Signature, Of Person Certifying Cause Of Death: 42. Certifier (Check Only One) Certifying Physician X Coroner Health Officer 45. Date Certified 46. Additional Funerat Service Provider: 47. *Akas: 48. Signature of Local Health Officer 49. For Registrar Only – Date Field (Month) Day/Year): 48. Signature of Local Health Officer 49. For Registrar Only – Date Field (Month) Day/Year): 49. For Registrar Only – Date Field (Month) Day/Year): 40. If Transporation Injury, Specify: 41. Certifier (Check Only One) 42. Certifier (Check Only One) 45. Date Certified 46. Additional Funeration of Local Health Officer 47. *Akas: | | _ | ☐ Not F | Pregnant Out Pregnant 43 Day | s To 1 Year Before Death | Unknown If Pregnant With | in The Past Year cedent's Home, Co | Suk | | | ed | | | |
| 39 Describe How Injury Occurred AKE AKE AKE AKE AKE AKE AKE AK | St. Date of injury (months | Ly roury | | ักกั | 1 . 1 se | | | | | , | | * * | | |
| 39 Describe How Injury Occurred AKE AKE AKE AKE AKE AKE AKE AK | 38. Location Of Injury - Stat | e | 38a. Ci | TY OF TOWN | LINGA KA | TON Manuer | 0553 | 60 | | 38c. Apt | . No. 38d. | Zip Code | | |
| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: P.J. Adams, Chief Investigator 2900 West 93rd Avenue, Crown Point, Indiana 46307 46. Additional Funeral Service Provider: 47. *Akas: 48. Signature of Local Health Officer. 49. For Registrar Only - Date Filed (Month/Day/Year): 49. For Registrar Only - Date Filed (Month/Day/Year): 40. Signature of Local Health Officer. | 39 Describe How Injury Occ | curred | · · | LAKECO | ANTA WO. | | Agvia | 40. | - | | - | Other (Specify) | | |
| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: P.J. Adams, Chief Investigator 2900 West 93rd Avenue, Crown Point, Indiana 46307 46. Additional Funeral Service Provider: 47. *Akas: 48. Signature of Local Health Officer. 49. For Registrar Only - Date Filed (Month/Day/Year): (Month/Day/Year): | 41. Signature, Of Person C | Certifying Cause Of E | Death: | | 2.6 | 20eu | | • | | oroner 🔲 Hea | alth Officer | | | |
| 2900 West 93rd Avenue, Crown Point, Indiana 46307 46. Additional Funeral Service Provider: 48. Signature of Local Health Officer. 49. For Registrar Only – Date Filed (Month/Day/Year): 1/2 49. For Registrar Only – Date Filed (Month/Day/Year): 2900 West 93rd Avenue, Crown Point, Indiana 46307 N/A 47. *Akas: 48. Signature of Local Health Officer. 2900 West 93rd Avenue, Crown Point, Indiana 46307 April 10 Provider: 49. For Registrar Only – Date Filed (Month/Day/Year): 2900 West 93rd Avenue, Crown Point, Indiana 46307 April 10 Provider: 49. For Registrar Only – Date Filed (Month/Day/Year): 2900 West 93rd Avenue, Crown Point, Indiana 46307 April 10 Provider: 49. For Registrar Only – Date Filed (Month/Day/Year): 2900 West 93rd Avenue, Crown Point, Indiana 46307 April 10 Provider: 49. For Registrar Only – Date Filed (Month/Day/Year): 490 Provider: 4 | 43. Name, Address And | Zip Code Of Pers | on Certifying Cau | se Of Death: P. | J. Adams, | Chief In | nvestig | ator | 44. License | Number | 45. Di | ate Certified | | |
| Susan W Bust so. Sithe 12, 3010 Sus | 2900 West | 93rd A | | | | | <u>-</u> | | | I/A | 0c | t. 12, 2010 | | |
| Jchane 12,01010 20 | 48. Signature of Local Heal | th Officer | | | | | \(\sigma^2\) | 3. For Registrar | Only - Date | Filed (Month/D | Day/Year): | | | |
| 20. F 10. (A. (A. (A. (A. (A. (A. (A. (A. (A. (A | Susan | | • | | | | | John | \sqrt{s} | 7- | 5,90 | 10 550 | | |