ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 1449-07

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Item	Entry
1. DECEASED—NAME (First, Middle, Last)	L. MAXINE SUMMERS
2. SEX	Female
3a. TIME OF DEATH	1:18 AM
3b. DATE OF DEATH (Month, Day, Yr)	March 15, 2007
4. *SOCIAL SECURITY NUMBER	316-24-9356
5a. AGE—Last Birthday (Years)	80
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	October 14,1926
7. BIRTHPLACE (City and State or Foreign Country)	Hammond, Indiana
8a. WAS DECEDENT A U.S. VETERAN?	no
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	na
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	MUNSTER MED-INN
9c. CITY, TOWN, OR LOCATION OF DEATH	Munster
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	married
11. SURVIVING SPOUSE (If wife, give maiden name)	Vern E. Summers
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Housewife
12b. KIND OF BUSINESS/INDUSTRY	Own Home
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Griffith
13d. STREET AND NUMBER	231 N. Indiana
13e. ZIP CODE	46319
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	10
College (1-4 or 5 +)	

PARENTS

Item	Entry
18. FATHER'S NAME (First, Middle, Last)	Vernon Perry
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Ruth Brannon

INFORMANT

Item	Entry
20a. INFORMANT'S NAME (Type/Print)	Vern E. Summers
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	231 N. Indiana, Griffith, Indiana 46319
20c. Relationship	Husband

DISPOSITION

Item	Entry
21a. METHOD OF DISPOSITION	☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	March 21, 2007 SOLAN-PRUZIN CREMATORY
21c. LOCATION—City or Town, State	Schererville, Indiana
22a. EMBALMER'S NAME	Dean G. Wagner
22b. EMBALMER'S LICENSE NO.	FD 08800057
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD# 01007231
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	SOLAN-PRUZIN FUNERAL HOME FH#83002893, 14 Kennedy Ave.,Hammond,Ind. 46324

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cerebral vascular accident	3 mths
b. DUE TO (OR AS A CONSEQUENCE OF):	Diabetes mellitus	10 yrs.
c. DUE TO (OR AS A CONSEQUENCE OF):	Failure to thrive syndrome	2 mths
d. DUE TO (OR AS A CONSEQUENCE OF):		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

Item	Entry
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I	
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	na
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	no
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	na

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

Item	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	01019251
29d. DATE SIGNED (Month, Day, Year)	March 20, 2007
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Fred Adler M.D., 800 MacArthur, Munster, Indiana 46321

HEALTH OFFICER

Item	Entry
31. HEALTH OFFICER'S SIGNATURE	Susan W Burt, D.O.
32. DATE FILED (Month, Day, Year)	March 21, 2007

FILED

Item	Entry
33. MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)	
34b. TIME OF INJURY	
34c. INJURY AT WORK? (Yes or no)	
34d. DESCRIBE HOW INJURY OCCURRED	
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)	
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

OCT 14 2010

PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

MAR 21 2007

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2010 OCT 14 PM 3:08

MICHAEL B. BROWN RECORDER

FILED FOR RECORD LAKE COUNTY INDIANA

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SDH06-004 State Form 10110 (R5/1-99)