

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 000229

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) SHARON FABRIS				1a. Maiden Last Name (If Female) CLAESGENS		2. Sex FEMALE	3. Time Of Death 2:01 AM	4. Date Of Death (Month/Day/Year) SEPTEMBER 19, 2010	
5. Social Security Number 309-46-3938		6a. Age - Yrs 65	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) DECEMBER 12, 1944		8. Birthplace (City And State Or Foreign Country) GARY, INDIANA
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 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. CATHERINE HOSPITAL									
12. City Or Town, State, And Zip Code EAST CHICAGO, INDIANA 46312				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 FLORIAN JOSEPH FABRIS			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation BROKERS ASSISTANT		17. Kind Of Business/Industry STOCK INVESTMENT COMPANY		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND					
18c. Street And Number 3706 WIRTH ROAD				18d. Apt. No.		18e. Zip Code 46322		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 2 YEARS COLLEGE		20. Decedent Of Hispanic Origin NO			21. Decedent's Race WHITE				
22. Father's Name (First, Middle, Last) ROMAN CLAESGENS			23. Mother's Name (First, Middle, Last) LUCILLE CLAESGENS			23a. Mother's Maiden Last Name SCHROERS			
24. Informant's Name FLORIAN J. FABRIS		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 3706 WIRTH RD. HIGHLAND, INDIANA 46322					
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL HOME 2828 HIGHWAY AVE. HIGHLAND, IN 46322					27a. General Home License Number: FH83003035		
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>					27c. License Number (Of Licensee): FDO1006861				
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. Pulmonary Embolism			Due To (Or As A Consequence Of):		
Sequentially List 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				B. _____			Due To (Or As A Consequence Of):		
				C. _____			Due To (Or As A Consequence Of):		
				D. _____			Due To (Or As A Consequence Of):		
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? N.A. <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 checked="" 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				
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)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred				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>[Signature]</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: 1534 119th St Whiting, IN 46394		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 1534 119th St Whiting, IN 46394				44. License Number 01045436		45. Date Certified 9-20-10			
46. Additional Funeral Service Provider:				47. *Akas:					
48. Signature of Local Health Officer: <i>[Signature]</i>				49. For Registrar Only - Date Filed (Month/Day/Year): 9/21/10					

FILED  
 2010 OCT 20 PM 1:26  
 HIGHLAND COUNTY  
 CLERK OF COURTS  
 REC'D

**FILED**  
OCT 20 2010

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR