



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1087-08

45-15-22-406-014,006-014
State No.

1. Decedent's Legal Name (First, Middle, Last) DOLORES M. HILDEBRAND				1a. Maiden Last Name (If Female) BIDDLE		2. Sex F	3. Time Of Death 9:50 AM	4. Date Of Death (Month/Day/Year) MARCH 31, 2008
5. Social Security Number 307-42-8921	6a. Age Yrs 70	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) June 7, 1937	8. Birthplace (City And State Or Foreign Country) LOUISVILLE, KY	
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 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 checked="" 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) 13035 POLK STREET								
12. City Or Town, State, And Zip Code CEDAR LAKE, IN 46303				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 ALLEN N. HILDEBRAND			15a. (If Wife) Give Maiden Last Name			18. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry FAMILY RESIDENCE
18. Residence - State IN		18a. County LAKE		18b. City Or Town CEDAR LAKE			18c. Street And Number 13035 POLK STREET	
18d. Apt. No.		18e. Zip Code 46303		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education High school graduate or GED completed		
20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White			22. Father's Name (First, Middle, Last) MARVIN LEE BIDDLE			
23. Mother's Name (First, Middle, Last) ELMA BIDDLE		23a. Mother's Maiden Last Name CHENAULT			24. Informant's Name ALANA ALIFF			
24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 6909 W. 128TH AVE., CEDAR LAKE, IN 46303						
25. Place Of Disposition								
25a. Method Of Disposition: <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) GERMAN METHODIST CEMETERY			25c. Location - City, Town, And State CEDAR LAKE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME 12901 WICKER AVE., CEDAR LAKE, IN 46303						
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee) FD20700051		
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>Breast Cancer</u>		Due To (Or As A Consequence Of)		Approximate Interval: Onset To Death
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? <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		33. Manner Of Death: <input 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. Location Of Injury - State			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 EGGY HOLINGA KATONA LAKE COUNTY AUDITOR				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: 				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: 1205 S MAIN ST. CROWN POINT, IN. 46307						44. License Number # 01031484		45. Date Certified 6/4/08/2008
46. Additional Funeral Service Provider:						47. *Akas: CS		
48. Signature of Local Health Officer: 				49. For Registrar Only - Date Filed (Month/Day/Year): April 2, 2008				

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