INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3957-10 State No.

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Last Name (If Female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
RITA F. FALKENBERG	FLYNN	FEMALE	12:35 AM	NOV. 9, 2010

5. Social Security Number	6a. Age – Yrs	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)	8. Birthplace (City And State Or Foreign Country)
469-26-6969	84					JAN. 13, 1926	GRACEVILLE, MN

9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): 6013 E. 125TH AVE

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
CROWN POINT, IN 46307	LAKE	☐ Married ☐ Married But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
N/A	N/A	OFFICE MANAGER	CLERICAL

18. Residence – State	18a. County	18b. City Or Town
INDIANA	LAKE	CROWN POINT

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
6013 E. 125TH AVENUE		46307	☐ Yes ☒ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRAD	NO	WHITE

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
THOMAS FLYNN	MATILDA FLYNN	JASPER

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
STEVE FALKENBERG	SON	6015 E. 125TH AVE., CROWN POINT, IN 46307

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location – City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	NW INDIANA CREMATION SERVICE	CROWN POINT, INDIANA

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	BURNS FUNERAL HOME & CREMATORY	FH83002445

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
James E. Burns	FD20700059

2010 DEC 22 PM 12:44 MICHAEL B. BROWN LAKE COUNTY AUDITOR STATE OF INDIANA LAKE COUNTY FILED OF RECORD

Cause Of Death (See Instructions And Examples)

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.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	Vulvar Carcinoma	
		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.		

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? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☒ No ☐ Unknown	☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ No

38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code

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

FILED DEC 22 2010 NOV 12 2010 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

39 Describe How Injury Occurred	40. If Transportation Injury, Specify:
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

#11 CK# 16760

41. Signature Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)
	☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death	44. License Number	45. Date Certified
PETER TOTHY, M.D., 8127 MERRILLVILLE RD., MERRILLVILLE, IN 46410	01065693A	11/9/10

46. Additional Funeral Service Provider:	47. Akas:

48. Signature of Local Health Officer:	49. For Registrar Only – Date Filed (Month/Day/Year):
Susan J Best s.o. 056844	November 12, 2010

State Form 10110 (R7/9-07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3 7-1-10