13599 (2)

NORTHWEST INDIANA TITLE
16 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1360-09

State No. ....

1. Decedent's Legal Name (First, Middle, Last): CHARLOTTE L. SIEBERT
1a. Maiden Last Name (If Female): Franklin
2. Sex: Female
3. Time Of Death: 9:46 PM
4. Date Of Death (Month/Day/Year): March 29, 2009
5. Social Security Number: 305-30-7612
6a. Age – Yrs: 76
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): May 27, 1932
8. Birthplace (City And State Or Foreign Country): Hammond, Indiana
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): 4533 Willow Dr.
12. City Or Town, State, And Zip Code: Lake Station, IN 46405
13. County Of Death: Lake
14. Marital Status At Time Of Death: ☐ Married ☐ Married, But Separated ☐ Divorced ☑ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name: N/A
15a. (If Wife) Give Maiden Last Name: N/A
16. Decedent's Usual Occupation: Homemaker
17. Kind Of Business/Industry: Home
18. Residence – State: IN
18a. County: Lake
18b. City Or Town: Lake Station
18c. Street And Number: 4533 Willow Dr.
18d. Apt. No:
18e. Zip Code: 46405
18f. Inside City Limits? ☑ Yes ☐ No
19. Decedent's Education: 10
20. Decedent Of Hispanic Origin: No not Spanish/Hispanic/Latino
21. Decedent's Race: White
22. Father's Name (First, Middle, Last): Joseph Franklin
23. Mother's Name (First, Middle, Last): Phyllis Franklin
23a. Mother's Maiden Last Name: Wilson
24. Informant's Name: Kimberly Gruszka
24a. Relationship To Decedent: Daughter
24b. Mailing Address (Street And Number, City, State, Zip Code): 723 Seminole Dr., Lowell, IN

25. Place Of Disposition

25a. Method Of Disposition: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): Calumet Park Cemetery
25c. Location – City, Town, And State: Merrillville, IN 46410
26. Was Coroner Contacted? ☐ Yes ☑ No
27. Name And Complete Address Of Funeral Facility: Rees Funeral Home, 600 West Old Ridge Rd. P.O. Box 488, Hobart, Indiana 46342
27a. Funeral Home License Number: FH83003069
27b. Signature Of Indiana Funeral Service Licensee: [signature] James J. Krause
27c. License Number (Of Licensee): FD01006463

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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. CVA
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? ☐ Yes ☐ Probably ☐ No ☑ Unknown
32. If Female: ☐ 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
33. Manner Of Death: ☑ 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:
39. Describe How Injury Occurred:
40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

FILED
DEC 28 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#11
031060

41. Signature Of Person Certifying Cause Of Death: [signature]
42. Certifier (Check Only One): ☑ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: R. Shah MD, 202 E. 86th Place Merrillville, IN 46410
44. License Number: 02002106
45. Date Certified: 03/31/09
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: [signature] Susan W. Bert D.O.
49. For Registrar Only – Date Filed (Month/Day/Year): March 31, 2009

2687

State Form 10110 (R7/9-07) ATTENTION STATE: 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 16-37-1-10