

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 3050-03 CERTIFICATE OF DEATH State No. 45-07-26-402-004-000-000
 85938 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED--NAME (First, Middle, Last) Edward Hertaus		2. SEX Male	3a. TIME OF DEATH 5:03 a	3b. DATE OF DEATH (Month, Day, Yr.) December 22, 2003
4. SOCIAL SECURITY NUMBER 470-10-5763	5a. AGE--Last Birthday (Years) 89	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr.) October 03, 1914
7. BIRTHPLACE (City and State or Foreign Country) Fairbault, Minnesota	8a. WAS DECEDENT A U.S. VETERAN? Yes			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1943		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) Community Hospital		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) Florance Fruminsky	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer	12b. KIND OF BUSINESS/INDUSTRY Steel	
13a. RESIDENCE--STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith	13d. STREET AND NUMBER 1235 N. Wood Ct.	
13e. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE--American Indian, Black, White, etc. (Specify) Caucasian
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Joseph Hertaus		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Tupy		20a. INFORMANT'S NAME (Type/Print) David Hertaus		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1235 N. Wood Ct. Griffith, Indiana 46319		20c. Relationship Son		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 29, 2003 Chapel Lawn Memorial Gardens		21c. LOCATION--City, Town, State Schererville, Indiana
22a. EMBALMER'S NAME Jeffery N. Sachs		22b. EMBALMER'S LICENSE NO. FD29800086		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD08700086		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home 8178 Cline Avenue, Schererville, Indiana, 46375
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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Vascular Collapse due to		Unknown
		b. Atherosclerotic Heart and Vascular Disease		
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		c. _____		
		d. _____		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. N/A				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. Chief Deputy 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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. N/A
29d. DATE SIGNED (Month, Day, Year) December 29, 2003		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy Coroner, 2900 W. 93rd Avenue, Crown Point, IN. 46307		
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) December 29, 2003		
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) 05-7-08	34b. TIME OF INJURY 057109	34c. INJURY AT WORK (Yes or No) DEC 30 2010
34d. DESCRIBE HOW INJURY OCCURRED PEGGY MULHARATONA LAKE COUNTY AUDITOR		34e. PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify) CS		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) December 22, 2003		34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc. No.		

2010 DEC 30 PM 2:40
 RECEIVED
 DEPT OF HEALTH
 INDIANA
 LAKE COUNTY
 RECORDS & REGISTRY

FILED