

RESUBMIT

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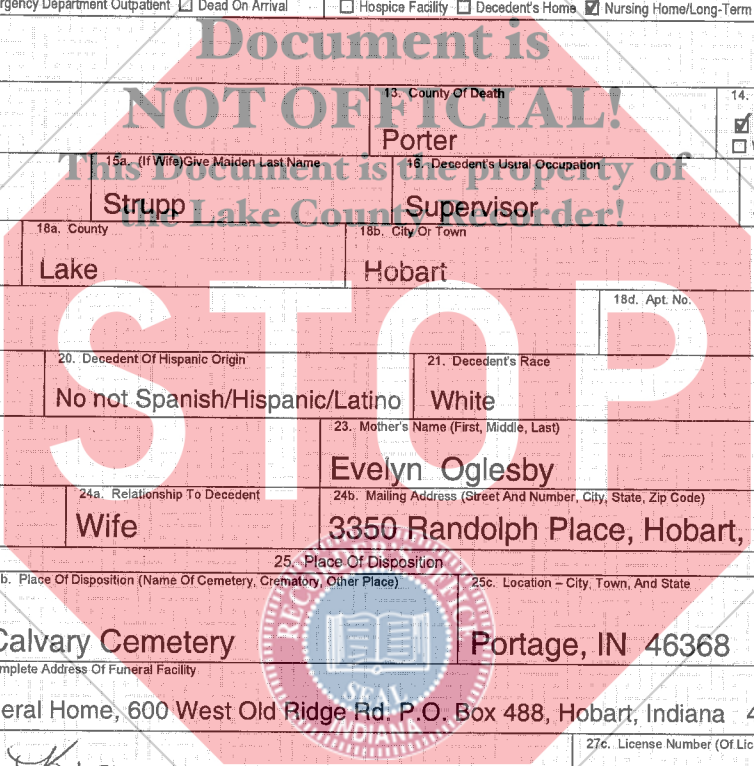
INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

45-09-21-301-008.000-015

Local No.....

State No.....

1. Decedent's Legal Name (First, Middle, Last) <b>CLINTON M. OGLESBY</b>				1a. Maiden Last Name (If Female)		2. Sex <b>Male</b>		3. Time Of Death <b>3:40 p.m.</b>		4. Date Of Death (Month/Day/Year) <b>January 1, 2010</b>									
5. Social Security Number <b>7537</b>		6a. Age - Yrs <b>87</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour									
7. Date Of Birth (Month/Day/Year) <b>January 30, 1922</b>		8. Birthplace (City And State Or Foreign Country) <b>Arnold WI</b>																	
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street And Number) <b>Miller's Merry Manor</b>																			
12. City Or Town, State, And Zip Code <b>Portage, Indiana 46368</b>						13. County Of Death <b>Porter</b>			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 <b>Cecilia Oglesby</b>				15a. (If Wife) Give Maiden Last Name <b>Strupp</b>				16. Decedent's Usual Occupation <b>Supervisor</b>				17. Kind Of Business/Industry <b>Steel</b>							
18. Residence - State <b>Indiana</b>				18a. County <b>Lake</b>				18b. City Or Town <b>Hobart</b>				18c. Street And Number <b>3350 Randolph Place</b>		18d. Apt. No.		18e. Zip Code <b>46342</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>12</b>				20. Decedent Of Hispanic Origin <b>No not Spanish/Hispanic/Latino</b>				21. Decedent's Race <b>White</b>				22. Father's Name (First, Middle, Last) <b>Merle Oglesby</b>							
23. Mother's Name (First, Middle, Last) <b>Evelyn Oglesby</b>				23a. Mother's Maiden Last Name <b>Bley</b>				24. Informant's Name <b>Cecilia Oglesby</b>				24a. Relationship To Decedent <b>Wife</b>							
24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3350 Randolph Place, Hobart, IN 46342</b>				25. Place Of Disposition <b>Calvary Cemetery</b>				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):				25c. Location - City, Town, And State <b>Portage, IN 46368</b>							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>Rees Funeral Home, 600 West Old Ridge Rd. P.O. Box 488, Hobart, Indiana 46342</b>				27a. Funeral Home License Number: <b>FH83003069</b>				27b. Signature Of Indiana Funeral Service Licensee: <i>James J. Krause</i>							
27c. License Number (Of Licensee): <b>2011 FEB - 1 AM 0:46</b>				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. <b>Arteriosclerosis</b> Due To (Or As A Consequence Of): B. <b>Hypoxemia</b> Due To (Or As A Consequence Of): C. <b>Diabetes mellitus</b> Due To (Or As A Consequence Of): D. <b>Atherosclerosis</b>				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 checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				32. If Female: <input checked="" 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 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) <b>\$11</b>											
41. Signature, Of Person Certifying Cause Of Death: <i>Don J. Maddack</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: <b>Donald Maddack DO, 3125 Willowcreek Road, Portage, IN, 46368</b>								44. License Number <b>02001180</b>		45. Date Certified <b>1-7-10</b>									
46. Additional Funeral Service Provider:								47. *Akas: <b>050753</b>											
48. Signature of Local Health Officer: <i>Ray A. Bobrook MD</i>								49. For Registrar Only - Date Filed (Month/Day/Year): <b>January 13, 2010</b>											



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2011 FEB - 1 AM 0:46

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2011 FEB - 1 AM 0:46

FILED  
FEB 01 2010

PEGGY HULINAKATONA  
LAKE COUNTY AUDITOR