INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001262 | EDR No 000000195665 | State No 017866

1. Decedent's Legal Name (First, Middle, Last): RAYMOND S OPPERMAN
1a. Maiden Name (If female):
2. Sex: MALE
3. Time Of Death: 10:20 PM
4. Date Of Death (Month/Day/Year): 04/21/2011
5. Social Security Number: 310-38-6266
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): 07/26/1940
8. Birthplace (City and State or Foreign Country): WHITING, IN
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): 6803 KANSAS AVENUE
12. City Or Town, State, And Zip Code: HAMMOND, IN, 46323
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: ANNA L OPPERMAN
15a. (If Wife)Give Maiden Last Name: FOUST
16. Decedent's Usual Occupation: STREET DEPARTMENT
17. Kind Of Business/Industry: CITY OF HAMMOND
18. Residence - State: INDIANA
18a. County: LAKE
18b. City Or Town: HAMMOND
18c. Street And Number: 6803 KANSAS AVENUE
18d. Apt. No.:
18e. Zip Code: 46323
18f. Inside City Limits? ☒ Yes ☐ No
19. Decedent's Education: 9TH - 12TH GRADE; NO DIPLOMA
20. Decedent Of Hispanic Origin: NOT HISPANIC
21. Decedent's Race: White
22. Father's Name (First, Middle, Last): CHARLES OPPERMAN
23. Mother's Name (First, Middle, Last): VERA OPPERMAN
23a. Mothers Maiden Last Name: GUMAN
24. Informant's Name: ANNA L OPPERMAN
24a. Relationship To Decedent: SPOUSE
24b. Mailing Address (Street And Number, City, State, Zip Code): 6803 KANSAS AVENUE, HAMMOND, IN 46323

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): SOLAN PRUZIN CREMATORY
25c. Location - City, Town, And State: SCHERERVILLE, IN
26. Was Coroner Contacted? ☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility: SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE SCHERERVILLE, IN 46375
27a. Funeral Home License Number: FH10200087
27b. Signature Of Indiana Funeral Service Licensee: DEAN G WAGNER , BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD08800057

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.

Immediate Cause (Final Disease Or Condition Resulting In Death) A. RECURRENT LEFT POSTERIOR FOSSA MASS, LEFT JUGULAR GLOMUS TUMOR — Approximate Interval: Onset To Death: ELEVEN YEARS
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 Givin In Part I
29. Was An Autopsy Performed? ☐ Yes ☒ No
30. Were Autopsy Finding 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)
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN , BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One) ☒ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN , 1190 NORTH STATE ROAD 49, PORTER, IN 46304
44. License Number: 01031582A
45. Date Certified: 04/22/2011
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): APR 25 2011

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Parcel # 45-07-10-158-001.000-023
45-07-09-403-018.000-023

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FILED MAY 23 2011 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.