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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 30700 State No. IN

1. Decedent's Legal Name (First, Middle, Last) John Joseph O'Keefe Jr. 2. Sex M 3. Time of Death 2:16 am 4. Date of Death (Month/Day/Year) February 4, 2009

5. Social Security Number 318-28-7563 6a. Age 72 6b. Under 1 Month 6c. Under 1 Year 6d. Under 1 Day 6e. Under 1 Hour 6f. Under 1 Minute 7. Date of Birth (Month/Day/Year) March 6, 1936 8. Residence (City and State of Foreign Country) Chicago, Illinois

9. (For In US) Arrived Foreign? 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/Other Term Care Facility Other (Specify)

11. Tertiary Name (If Not Institution, Give Street and Number) 8651 Towle

12. City or Town, State, and Zip Code Dyer, Indiana 46311 13. County of Death Lake 14. Marital Status At Time of Death Married Married, Not Separated Divorced Widowed Never Married Unknown 15. Decedent's Usual Occupation Foreman 17. Kind of Business/Industry Steel

16. Residence State Indiana 16a. City Lake 16b. City or Town Dyer

18. Surviving Spouse's Name Nancy O'Keefe 19a. (If Widowed) Maiden Last Name Notardonato 19b. Decedent's Usual Occupation Foreman 17. Kind of Business/Industry Steel

19c. Street and Number 8651 Towle 19d. Apt. No. 19e. Zip Code 46311 19f. Health City/County Yes No

20. Decedent's Education Please select education level: 12th 20. Decedent's Race Please select Hispanic origin, if any: No White

21. Decedent's Race White

22. Father's Name (First, Middle, Last) John O'Keefe 23. Mother's Name (First, Middle, Last) Mary O'Keefe

24. Deceased's Maiden Name Nancy O'Keefe 24a. Relationship to Decedent Wife 24b. Mailing Address (Street and Number, City, State, Zip Code) 8651 Towle, Dyer, IN 46311

25a. Method of Disposition Donation Entombment Other (Specify) 25b. Place of Disposition (Name of Cemetery, Crematory, Other Place) Northwest Indiana Cremation Services 25c. Location - City, Town, and State Crown Point, Indiana

26. Was Coroner Contacted? Yes No 27. Name and Complete Address of Funeral Facility Fagon Miller Funeral Home 8580 Wicker Ave St. John, IN 46373 27a. Funeral Home License Number IN FHO200006 27b. License Number (If Different) FHO1006861

28. Part I. Enter The Chain Of Events—Disease, Injury, 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)

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

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

28. Cause of Death (See Instructions And Examples)

29. Was An Autopsy Performed? Yes No 30. When Autopsy Was Done (Specify If It Compares 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, Not Pregnant Within 42 Days Of Death Not Pregnant, Not 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, Residential, Worked Area) 37. Injury At Work? Yes No

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

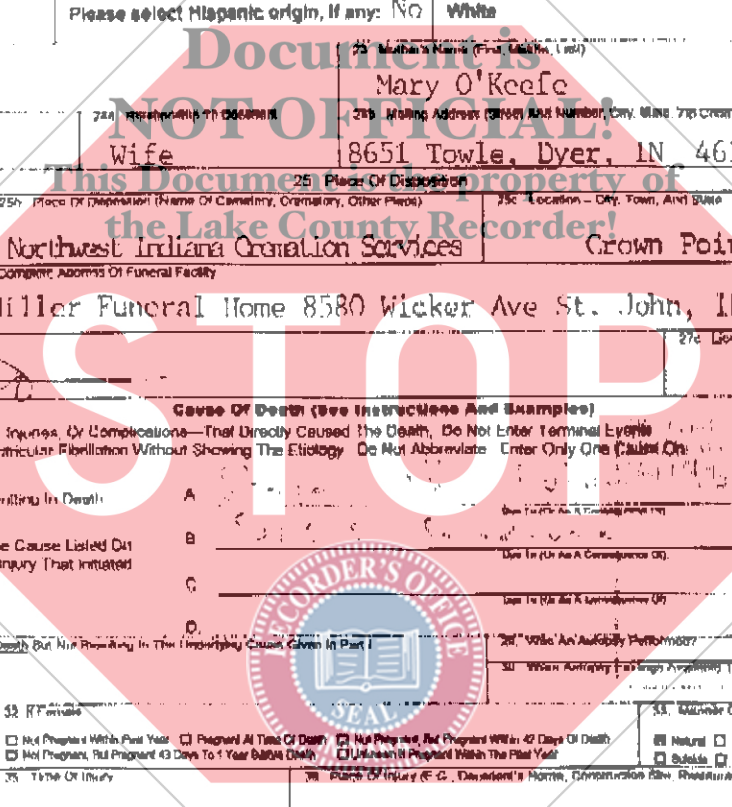
39. Describe How Injury Occurred 40. If Transportation Injury, Specify Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature Of Person Certifying Cause Of Death 42. Capacity (Check Only One) Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death MATTIE W MEYER M.D. 44. License Number 01660166 45. Date Certified 2/2/2009

46. Additional Funeral Service Provider 47. Agent

48. Signature of Local Health Officer TRT A.O. 49. For Registrar Only - Date Filed (Month/Day/Year) 5/23/2011



2011 MAY 23 9:05:38

LOTS 36 AND 37 IN BAKER'S ROLLING HEIGHTS ADDITION UNIT NO. 2, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 40 PAGE 34 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

AMOUNT \$ 1100
 CASH _____ CHARGE _____
 CHECK # 2919
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK [Signature]

18735
 NORTHWEST INDIANA TITLE
 162 WASHINGTON STREET
 F I L E D
 MAY 23 2011
 PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR