## CHICAGO TITLE INSURANCE COMPANY

RT1104043
1 0001 No 000306

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	Local No 000306				DR No 00000180476			ate No 3. Time Of D	eath A.D	eate Of Death (Month/Day/Year)		
GERTRUDE GARRAFFA				, , ,					, , , , , , , , , , , , , , , , , , , ,			
5. Social Security Number		6b. Under 1	Year 6c. Under 1 l	HOPPE  Wonth 6d. Under 1 Day	6e. Under 1 Hour	7. Date of	FEMALE Birth (Month/Day/Ye	04:20 ar)   8. Birtt		01/29/2011 State or Foreign Country)		
<b>@D3/#P</b> 8049	92	Months	Days	Hours	Minutes	^	0/40/4040		SON CITY, I	Α		
9. Ever in U.S. Armed Force		ath Occurred In		17003	10a. If Death Occum		8/18/1918 nere Other Than A Ho		ON CITT, I			
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)  11. Facility Name (If Not institution, Give Street and Number)												
WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE												
12. City Or Town, State, And	d Zip Code				13. County Of	Death			Marital Status At	Time Of Death  ed, But Separated Divorced		
MUNSTER, IN, 463					LAKE			×	Widowed	Never Married Unknown		
15. Surviving Spouse's Nam	ie .			15a. (If Wife)Give Maide	en Last Name	1	6. Decedent's Usual	Occupation		Kind Of Business/Industry  AND STEEL		
							LERK			MPANY		
18. Residence - State			18a. County		18b. City Or Town	n						
INDIANA 18c. Street And Number			LAKE		HIGHLAND		[ 40d An	- T	40- T- O-4-	1 404 4-14-01 11-15		
							18d. Apr	L NO.	18e. Zip Code	18f. Inside City Limits?		
8924 COTTAGE G	ROVE PLA	CE	T-0-1			=			46322	✓ Yes ☐ No		
19. Decedent's Education			20. Decedent Of I	nispanic Origin	21. De	cedent's Ra	3C8					
9TH - 12TH GRAD 22. Father's Name (First, Mid		OMA	NOT HISPA	NIC	White 23. Mother's Name (F		l set)		23a Mothod	s Maiden Last Name		
I mot man					20. moulet a Hallie (F	, INVUID			23a. Mother			
OTTO HOPPE 24. Informant's Name			24a Dalation	ship To Decedent	PAULA HOPP 24b. Mailing Address		Mumbas City Ctata	Tie Code)	UNKNO	<u> </u>		
	O14				•				-			
LYNN MARIE BLO	<u>OM</u>		DAUGHT		6435 FOREST	AVEN	<u>JE, HAMMOR</u>	ND, IN 46	324 —			
25a. Method Of Disposition  ☑ Burial ☐ Cremation ☐	I Donotion [7] E		5b. Place Of Dispositio	n (Name Of Cemetery, Cr		25c. Loca	ition - City, Town, An	d State				
Removal From State	Donation 🔲 E	ntomoment							2			
Other (Specify): 26. Was Coroner Contacted?	- 107			EMETERY		GARY	, 101		00			
	′  2′	. Name And Co	implete Address Of Fu	neral Facility		13			<b>6</b> 5%	Funeral Home License Number:		
☐ Yes ☑ No	FI	FE FUNER	RAL HOME, IN	C., 4201 INDIAN	APOLIS BLVD.,	EAST	CHICAGO, IN	46312	<b></b>	83001512		
27b. Signature Of Indiana Fo JOHN P. FIFE, BY			ATURE			,,,,	FD01020		Licensee):			
Approximate  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 Fibriliation Without Showing The Etiology, Do Not Abbreviate, Enter Only One Cause On  To Death												
A Line. Add Additinal Lin Immediate Cause (Final i	•		o in Death)	A. END STAGE DEM	ENTIA	,020				LESS THAN 6 MONTHS		
,						Due to (Or As A	Consequence Of):			<u> </u>		
Sequentially List Condition Line A. Enter The Under			Brase Cister Oil	В		Due to (Or As A	Consequence Off):		<u> </u>	7) 7		
The Events Resulting In I		,		c					<u> </u>			
				D.		COM SO (CA AM A	Consequence Of):	끍.	<b>*</b>			
Part II. Enter Other Significan	t Conditions Con	ributing to Deat			rin In Part I	29. Was A	n Autopsy Performed		□ Yes C D 🗵			
						30. Were /	Autopsy Finding Avail	able To Com	plete The Cause C	Yes No		
31. Did Tobacoo Use Contrit			Female:	Pregnant At Time Of Death	Not Pregnant But Prema	of Wilhin 42 Day	33. Ma	nner O Deal	h: ∑> Inide □ Maride	nt [ ] Bending Investigation		
☐ Yes ☐ Probably ☐ N	•	I	lot Pregnant, But Pregnant 43	Days To 1 year Before Death	Stringston II Pringspeet William	in The Post Yes	NE IS A THUE BU	older Go	Not be Delermin	ned =======		
34. Date Of Injury (Month/Da	ty/Year)	35.	Time Of Injury	36. Ple	oe of Johns (E/Githeoce	PRITIFICATION	e of death off		poded Area)	37, Injury At Work?		
38. Location Of Injury - State		399	City Or Town	365	LAKE COUNTY H	IF ALTH DE	PARIMENT	-/	38c. Apt. No.	38d. Zip Code		
out		South.	, 5, 15, 11	2		1, to 1, to			- Apr. 140.	550. Eq. 5000		
39. Describe How Injury Occ	urred		-		إ الكباء	FEB	01 200	ransportation	Injuni. Specify:			
				E i	STAL JE		Driver	Operator Pe	Injuny, Specify: esenger Pedestrian	Other (Specify)		
41. Signature, Of Person Ce LYLE R MUNN , BY			JATURE	en li	VOIANALLIA		42. Certifier (Che			C Heeth Officer		
43. Name, Address And Zip							Certifying Phy 4	4. License N	Coroner umber	Heath Officer 45. Date Certified		
LYLE R MUNN , 1	190 NORTI	STATE F	ROAD 49 POF	TER IN 46304 '	The second secon			1031582		01/31/2011		
46. Additional Funeral Service			.5, 10 TO, 1 OI		•			17. *Akas:		01/01/2011		
48. Signature of Local Health Officer:  49. Following the Control of Control												
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE FEB 01 2011												
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  MAY 2 4 2011												
				0018	527	_	EGGY HO	INGA	KATONA			
							AKE COL	INTY A	UDITOF	}		
State Form 53395 ATTEM	TION ESTATE	The Social Se	audio dia balan ma	sactant by this state ages			AKE		M			

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