

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



Local No. 375-10

State No.

1. Decedent's Legal Name (First, Middle, Last) RAYMOND S. FOLLMER				1a Maiden Last Name (If Female) -		2 Sex MALE	3 Time Of Death 1:45 PM	4 Date Of Death (Month/Day/Year) FEBRUARY 3, 2010			
5 Social Security Number 325-20-1175		6a Age - Yrs 83	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) MAY 19, 1926		8 Birthplace (City And State Or Foreign Country) CHICAGO, ILLINOIS		
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 checked="" 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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)						
11 Facility Name (If Not Institution, Give Street And Number) ST. MARGARET MERCY HOSPITAL											
12. City Or Town, State, And Zip Code DYER, INDIANA 46311					13 County Of Death LAKE			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 PHYLLIS FOLLMER			15a (If Wife) Give Maiden Last Name STAJKOWSKI		16 Decedent's Usual Occupation ROLL TENDER		17 Kind Of Business/Industry PRINTING				
18 Residence - State INDIANA			18a County LAKE		18b City Or Town DYER			18c Street And Number 449 ASPEN DRIVE	18d Apt. No. -	18e Zip Code 46311	18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education 10TH GRADE, NO DIPLOMA		20. Decedent Of Hispanic Origin NO		21 Decedent's Race WHITE							
22. Father's Name (First, Middle, Last) PETER FOLLMER				23. Mother's Name (First, Middle, Last) LOTTIE FOLLMER			23a Mother's Maiden Last Name ADAMSKI				
24. Informant's Name PHYLLIS FOLLMER			24a Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 449 ASPEN DRIVE, DYER, INDIANA 46311						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) FEBRUARY 6, 2010 COMMUNITY CREMATION SERVICE			25c. Location - City, Town, And State SCHERERVILLE, INDIANA						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME 9445 GALUMET AVENUE MUNSTER, INDIANA 46321				27a. Funeral Home License Number. 83002916					
27b. Signature Of Indiana Funeral Service Licensee <i>Larry J. Anthony</i>					27c. License Number (Of Licensee): 01001447						
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. <i>Atherosclerotic heart disease</i> Due To (Or As A Consequence Of) B. _____ Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ 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 <i>Osteomyelitis of the left heel</i>											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I					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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
32. If Female <input 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 055027					40. If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) AUG 24 2011 FEB 05 2010						
41. Signature, Of Person Certifying Cause Of Death <i>J. Paik, M.D.</i> PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR					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 JAY C.L. PAIK, M.D., 800 MACARTHUR BLVD., MUNSTER, INDIANA 46321					44 License Number 07030770A		45. Date Certified FEBRUARY 4, 2010				
46. Additional Funeral Service Provider					47. *Akas						
48. Signature of Local Health Officer: <i>Susan W. But D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year) <i>February 5, 2010</i> 200059280 UR						