



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 26828

Local No 002275

EDR No 00000332137

State No 031383

1. Decedent's Legal Name (First, Middle, Last) DENIS J KLEIN				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 07:13 AM		4. Date Of Death (Month/Day/Year) 07/07/2013		
5. Social Security Number [REDACTED]		6a. Age - Yrs 80		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) 07/23/1932				8. Birthplace (City and State or Foreign Country) CEDAR LAKE, IN								
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 checked="" 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) 1739 ASPEN DRIVE												
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation MAINTENANCE		17. Kind Of Business/Industry AUTO MANUFACTURING		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18d. Apt. No.		18e. Zip Code 46307	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
18c. Street And Number 1739 ASPEN DRIVE												
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) MATHIAS KLEIN				23. Mother's Name (First, Middle, Last) ELIZABETH KLEIN				23a. Mother's Maiden Last Name FIEGLE				
24. Informant's Name LAURIE PHERNETTON				24a. Relationship To Decedent DAUGHTER				24b. Mailing Address (Street And Number, City, State, Zip Code) 1739 ASPEN DRIVE, CROWN POINT, IN 46307				
25. Place Of Disposition												
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):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST MARY CEMETERY			25c. Location - City, Town, And State CROWN POINT, IN			27a. Funeral Home License Number: FH10700031			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307						27c. License Number (Of Licensee): FD20400005				
27b. Signature Of Indiana Funeral Service Licensee: KEVIN KNAGA, BY ELECTRONIC SIGNATURE												
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. CONGESTIVE HEART FAILURE 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. _____ Due to (Or As A Consequence Of) _____												
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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)			38. APT. No.			
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			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"/> Expedition <input type="checkbox"/> Other (Specify):												
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE												
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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A			45. Date Certified 07/08/2013			
46. Additional Funeral Service Provider:												
47. *Alias:												
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 09 2013						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.												



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
AUG 21 2014
Susan W. Best, MD
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

RAISED SEAL AFFIXED