

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 369885
CERTIFICATE OF DEATH

Local No 002259

EDR No 000011569559

State No 2023-032459

1. Decedent's Legal Name (First, Middle, Last) Francis E Schmidt				14. Maiden Name (If female)		2. Gender Male		3. Time Of Death 08:21 PM		4. Date Of Death (Month/Day/Year) 06/23/2023			
5. Social Security Number 78		6a. Age - Yes 78		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) 12/13/1946			
9. Ever in U.S. Armed Forces? <input 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 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) 15048 W 109th Avenue													
12. City Or Town, State, And Zip Code Dyer, Indiana 46311				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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
15. Surviving Spouse's Name Dawn				15a. Last Name Before First Marriage Gustason				16. Decedent's Usual Occupation Self Employed		17. Kind Of Business/Industry Boarding Stable			
18. Residence - State IN		18a. County Lake		18b. City Or Town Dyer		18c. Apt. No.		18d. Zip Code 46311		18f. Issue City Units? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spaniard/Hispanic/Latino				21. Decedent's Race White							
22. Parents Name (First, Middle, Last) Francis E Schmidt				23. Parents Name (First, Middle, Last) Jennie Schmidt				23a. Parents Last Name Before First Marriage Unknown					
24. Informant's Name Chad Schmidt		24a. Relationship To Decedent Son		24c. Mailing Address (Street And Number, City, State, Zip Code) 317 N Union Street, Lowell, IN, 46356									
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) Heights Crematory				25c. Location - City, Town, And State Chicago Heights, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Castle Hill Funeral Home 1219 Sheffield Ave Dyer, Indiana, 46311				27a. Funeral Home License Number FH10900001							
27b. Signature Of Indiana Funeral Service Licensee: <i>Wolke (illegible)</i>				27c. License Number (If Licensee) FD21800054									
28. Part I. Enter The <u>Chain Of Events</u> - 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. NON-ISCHEMIC CARDIOMYOPATHY AND CHRONIC SYSTOLIC AND DIASTOLIC CONGESTIVE HEART FAILURE													
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. _____ C. _____ D. _____													
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
30. Where Autopsy Finding Available To Examine 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 type="checkbox"/> No <input type="checkbox"/> Unknown													
32. If Female: <input type="checkbox"/> No Pregnancy Or Birth Control <input type="checkbox"/> Pregnancy Or Birth Control <input type="checkbox"/> Pregnancy Or Birth Control (Specify) <input type="checkbox"/> No Pregnancy, But Pregnant At Time Of Death <input type="checkbox"/> Pregnant At Time Of Death (Specify) <input type="checkbox"/> Time Of Injury <input type="checkbox"/> Time Of Death													
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) 06/23/2023													
35. Date Of Death (Month/Day/Year) 06/23/2023													
36. Location Of Injury - State IN				36a. City Or Town Lake County Health Department				36b. Apt. No.		36c. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Describe How Injury Occurred JUN 28 2023				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS									
41. Signature Of Person Certifying Cause Of Death: <i>Lyle R Munn</i>				42. Consider Check One: <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				43. License Number 04031562A		43. Date Certified 06/28/2023			
44. Additional Funeral Service Provider: Lyle R Munn 600 Superior Avenue, Muncie, IN 46321				46. Signature of Local Health Officer: <i>(illegible)</i>				46. For Registrar Only - Date Filed (Month/Day/Year): 06/27/2023					
Electronically Signed AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													