992475

Kled-Jackie Trero

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 1636-88 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME FIRST: Maybelle MIDDLE: S. LAST: Felling-Miller
2. SEX: Female
3 DATE OF DEATH (Mo Day Yr): August 6, 1988
4 SOCIAL SECURITY NUMBER: 355-14-2617
5a AGE—Last Birthday (Years): 85
5b UNDER 1 YEAR Months Days
5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Month Day, Year): Apr.27,1903
7 BIRTHPLACE (City and State or Foreign Country): Renfrow,Oklahoma
8 YEAR LAST SERVED IN US ARMED FORCES?: No
9a PLACE OF DEATH (Check only one See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution give street and number): Lake County Convalescent Home
9c CITY TOWN OR LOCATION OF DEATH: /Crown Point
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Donald Miller
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): City Court Clerk
12b KIND OF BUSINESS/INDUSTRY: Town of Hammond, In.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY TOWN OR LOCATION: Hammond
13d STREET AND NUMBER: 429 Vine Court
13e INSIDE CITY LIMITS? (Yes or no): Yes
13f FARM: No
13g ZIP CODE: 46324
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban Mexican Puerto Rican etc) Specify: ☒ No ☐ Yes
15 RACE—American Indian, Black, White etc (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): James Shoffner
18 MOTHER'S NAME (First, Middle, Maiden Surname): Unknown

INFORMANT

19a INFORMANT'S NAME (Type/Print): George Felling
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town State Zip Code): 3245 Saric Court, Highland,Indiana 46322
Relationship: Son

DISPOSITION

20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): AUG. 10, 1988 CALUMET PARK CEMETERY
20c LOCATION—City or Town, State: MERRILLVILLE, INDIANA
21a SIGNATURE OF FUNERAL DIRECTOR: Elden V. LaHayne
21b LICENSE NUMBER (of Licensee): FDE 1041428
22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: LAHAYNE FUNERAL HOME, INC FDH 3602565 5746 HOHMAN AVE. HAMMOND IND 46320

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death
23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <
23b LICENSE NUMBER
23c DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24 TIME OF DEATH: 7:45 P M
25. DATE PRONOUNCED DEAD (Month, Day, Year): August 6, 1988
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): No

CAUSE OF DEATH — SEE INSTRUCTIONS

27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Post Acute Pulmonary Edema — Approximate Interval Between Onset and Death: 7/09/88
DUE TO (OR AS A CONSEQUENCE OF):
b. Chronic Congestive Heart Failure with Acute Exacerbation (Several years)
DUE TO (OR AS A CONSEQUENCE OF):
c. Arteriosclerotic Heart Disease with Dysrhythmia (Several years)
DUE TO (OR AS A CONSEQUENCE OF):
d. Chronic Obstructive Pulmonary Disease — Several Years

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Post Insertion of Pacemaker Several years.
28a WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

AUG 9 1988

CERTIFIER — SEE INSTRUCTIONS

29a CERTIFIER (Check only one)
☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated
☒ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner as stated
☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner as stated

Carl A. Johnson MD
LAKE COUNTY HEALTH COMMISSIONER

29b SIGNATURE AND TITLE OF CERTIFIER: [signature] Medical Director
29c LICENSE NUMBER: 01017249
29d DATE SIGNED (Month, Day, Year): August 8, 1988
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): J. C. Espino M.D. 2900 W. 93rd. Avenue, Crown Point, In. 46307

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Carl A Johnson MD
32. DATE FILED (Month, Day, Year): AUG 9 88

FILED

CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a DATE OF INJURY (Month Day Year)
34b TIME OF INJURY
34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)
34f LOCATION (Street and Number or Rural Route Number City or Town State)

AUG 15 1988

RECORDER LAKE COUNTY CROWN POINT INDIANA 46307

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

BLASTICK

Kif #36-474-9 John Zachariah and J. T. Bi.

SBH 06-001 State Form 10110 Rev 10 87 DEATH RPT

Anna N. Anton
AUDITOR LAKE COUNTY

1010 4.00