

094742

INDIANA STATE BOARD OF HEALTH

Local No. ....748-90....

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) <b>Charles Terrence Lane</b>				2. SEX <b>Male</b>	3a. TIME OF DEATH <b>12:20 A.</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>March 31, 1990</b>
4. SOCIAL SECURITY NUMBER <b>317-36-9018</b>		5a. AGE—Last Birthday (Years) <b>47</b>	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr.) <b>Jul. 19, 1942</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Schererville, IN.</b>
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1969</b>	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) <b>Our Lady of Mercy Hospital</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Dyer</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Mary Lou Pettypool</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Roll Grinder</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Steel Co.</b>	
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Schererville</b>		13d. STREET AND NUMBER <b>717 James-Wittchen ST</b>	
13a. ZIP CODE <b>46375</b>	13b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	17. DECEDENT'S EDUCATION (Specify, only highest grade completed) Elementary/Secondary (6-12) <b>2</b> College (13 or 5+)	
18. FATHER'S NAME (First, Middle, Last) <b>George Lane</b>			19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Gertrude Unavailable</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Mary Lou Lane</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>James Wittchen Schererville, IN</b>		20c. Relationship <b>Wife</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Such as cardiac or respiratory, or other place) <b>April 3, 1990 Chapel Lawn Cemetery</b>		21c. LOCATION—City or Town, State <b>Schererville, IN.</b>	
22a. EMBALMER'S NAME <b>David Peterson</b>		22b. EMBALMER'S LICENSE NO. <b>FDO 8601585</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) <b>FDO 1014511</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500</b>			
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>CARDIOMYO PATHY</b>			26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>APR 11 1990</b>			
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>CARDIOMYO PATHY</b>			DUE TO (OR AS A CONSEQUENCE OF)			
Conditions if any, which gave rise to the immediate cause, stating the underlying cause last			DUE TO (OR AS A CONSEQUENCE OF)			
DUE TO (OR AS A CONSEQUENCE OF)			DUE TO (OR AS A CONSEQUENCE OF)			
27. WAS DECEDENT PREGNANT, OR 90 DAYS POSTPARTUM, AT TIME OF DEATH? (Yes or no) <b>NO</b>			28. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated <input type="checkbox"/> 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) as stated <input type="checkbox"/> CORONER 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			29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MA			
29c. MEDICAL LICENSE NO. <b>01036285</b>			29d. DATE SIGNED (Month, Day, Year) <b>4/2/90</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print) <b>Mark F. Kevin, MA, 7905 CALUMET AVE., MUNSTER, IN 46321</b>						
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					32. DATE FILED (Month, Day, Year) <b>APR 3, 90</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		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) <b>H.O.</b>			
34g. DATE, PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>000704</b>				

KEY # 13-190-4 Got to land where states Unit 1-A Schererville

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