

103369

INDIANA STATE BOARD OF HEALTH

Local No. 51-90

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Everett L. Booth		2. SEX Male	3a. TIME OF DEATH 4:40 P.M.	3b. DATE OF DEATH (Month, Day, Yr) April 22, 1990
4. SOCIAL SECURITY NUMBER 306-01-4017	5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) Sept. 5, 1915
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a. WAS DECEDENT A U.S. VETERAN? yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	

DECEDENT

10. FACILITY NAME (If not institution, give street and number) Jasper County Hospital		11. CITY, TOWN, OR LOCATION OF DEATH Rensselaer	12. COUNTY OF DEATH Jasper
13. MARITAL STATUS (Specify) Married	14. SURVIVING SPOUSE (If wife, give maiden name) Josephine Bacevich	15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cost Accounting	16. KIND OF BUSINESS/INDUSTRY Transportation Co.
17a. RESIDENCE—STATE Indiana	17b. COUNTY Lake	17c. CITY, TOWN, OR LOCATION Highland	17d. STREET AND NUMBER 8434 Cottage Grove Avenue
18a. ZIP CODE 46322	18b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	18c. CITIZEN OF WHAT COUNTRY? USA	18d. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
18e. RACE—American Indian, Black, White, etc. (Specify) White	18f. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5+) 1		

PARENTS

19. FATHER'S NAME (First, Middle, Last) Lemuel Booth	20. MOTHER'S NAME (First, Middle, Maiden Surname) Kathryn Simko
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INFORMANT

21a. INFORMANT'S NAME (Type/Print) Josephine Booth	21b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8434 Cottage Grove Ave., Highland, IN	21c. Relationship Wife
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DISPOSITION

22a. 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)	22b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 25, 1990 Elmwood Cemetery	22c. LOCATION—City or Town, State Hammond, Indiana
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DISPOSITION

23a. EMBALMER'S NAME Raymond White	23b. EMBALMER'S LICENSE NO. FDO8600087	23c. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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DISPOSITION

24a. SIGNATURE OF FUNERAL DIRECTOR <i>Bonnie Ruffner</i>	24b. LICENSE NUMBER FDO1014511	24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9059 Kleinman Highland, IN 46322; ED 300-7500
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DISPOSITION

25. PART I. Enter the disease, 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. Myocardial Infarction Emphysema		26. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last a. _____ b. _____ c. _____ d. _____
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		
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		

CAUSE OF DEATH

29a. CERTIFIER (Check only one) <input 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 checked="" 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>	29c. MEDICAL LICENSE NO. 17108	29d. DATE SIGNED (Month, Day, Year) 4-24-90
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DISPOSITION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 29) (Type/Print) F.E. O'Brien, M.D., College Square, Rensselaer, IN 47978	31. HEALTH OFFICER'S SIGNATURE <i>Michael Louck M.D.</i>	32. DATE FILED (Month, Day, Year) April 24, 1990
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DISPOSITION

33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined	34a. DATE OF INJURY (Month, Day, Year) 4/22/90	34b. TIME OF INJURY 4:40 PM	34c. INJURY AT WORK? (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED Mr. Booth entered restroom and was later found dead.
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DISPOSITION

34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Restaurant	34b. LOCATION (Street and Number or Rural Route Number, City or Town, State) Grandma's Home Cooking RR #3, Rensselaer, IN 47978
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DISPOSITION

35. DATE PRONOUNCED DEAD (Month, Day, Year) April 22, 1990	36. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No	001901
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DISPOSITION

37. DATE PRONOUNCED DEAD (Month, Day, Year) April 22, 1990	38. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No	001901
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DISPOSITION

39. DATE PRONOUNCED DEAD (Month, Day, Year) April 22, 1990	40. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No	001901
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DISPOSITION

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PO 1

FILED

MAY 31 1990

Ann R. Anton ALBERTA LAKE COUNTY

H.O.O

JASPER COUNTY HEALTH DEPARTMENT Rensselaer, Indiana 47978

This is a true copy of the original record.

Michael Louck M.D. Health Office

