

91018427

INDIANA STATE BOARD OF HEALTH

Local No. 0750-91

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) <b>Joseph Terran</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>3:45 P.M.</b>	3b DATE OF DEATH (Month, Day, Year) <b>April 3, 1991</b>
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4 SOCIAL SECURITY NUMBER <b>118-03-8095</b>	5a AGE—Last Birthday (Years) <b>72</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>Sep. 6, 1918</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>Barnsboro, PA.</b>
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8a WAS DECEDENT A U.S. VETERAN? <b>YES</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</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		
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9b FACILITY NAME (If not institution, give street and number) <b>The Community Hospital</b>	9c CITY TOWN OR LOCATION OF DEATH <b>Munster</b>	9d COUNTY OF DEATH <b>Lake</b>
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10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Beverly Bainer</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Operating Engineers</b>	12b KIND OF BUSINESS/INDUSTRY <b>Union</b>
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13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY TOWN OR LOCATION <b>Gary (Calumet Township)</b>	13d STREET AND NUMBER <b>4807 W. 45th</b>
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13e ZIP CODE <b>46408</b>	13f INSIDE CITY LIMITS (Specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc (Specify) <b>White</b>	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>10</b> College (13 or 5+)
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18 FATHER'S NAME (First Middle Last) <b>Unavailable Terran</b>	19 MOTHER'S NAME (First Middle Maiden Surname) <b>Virginia Unavailable</b>
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20a INFORMANT'S NAME (Type, Print) <b>Beverly Terran</b>	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4807 W. 45th Gary, Indiana</b>	20c Relationship <b>wife</b>
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21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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 (Name of cemetery, crematory, or other place) <b>April 6, 1991 Calumet Park Cemetery</b>	21c LOCATION—City or Town, State <b>Merrillville, Indiana</b>
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22a EMBALMERS NAME <b>Edgar Gleim</b>	22b EMBALMER'S LICENSE NO. <b>FDO 1016173</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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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>
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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.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cardio-respiratory arrest</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Renal and hepatic failure</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Acute myocardial infarction</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Myocardial infarction</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Myocardial infarction</b>  Approximate Interval Between Onset and Death <b>20 hrs</b>
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PART II Other significant conditions - Conditions existing at the time of death which may have contributed to the death. <b>Repair of Arterial occlusion disease</b>	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO RELEASE OF CAUSE OF DEATH? (Yes or no) <b>NO</b>
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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 <b>Alexander S. Williams, MD</b>	29c. MEDICAL LICENSE NO. <b>26577</b>	29d. DATE SIGNED (Month, Day, Year) <b>04/04/91</b>
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>931 FRANKLIN ST. WASHINGTON, IN. / K.D. You, M.D.</b>	32. DATE FILED (Month, Day, Year) <b>April 5, 1991</b>
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31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>	32. DATE FILED (Month, Day, Year) <b>April 5, 1991</b>
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33. MANNER OF DEATH <input 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) <b>4/3/91</b>	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)		

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>NO</b>	<b>01096</b>	<b>600</b>
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445 b # 39-212-445  
Kaedyn, James



FILED  
APR 18 1991