

92011204

INDIANA STATE BOARD OF HEALTH

Key # 36-425-11

Woodmar Unit 13

6219-C-2-D-Bl-45

State No.

CERTIFICATE OF DEATH

Local No.

TYPE/PRINT (IN) PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Dr. Edward R. Cotter M.D. 2. SEX: Male 3a. TIME OF DEATH: 12:05P 3b. DATE OF DEATH (Month, Day, Year): February 9, 1992 4. SOCIAL SECURITY NUMBER: 316-09-3707 5a. AGE—Last Birthday (Years): 80 5b. UNDER 1 YEAR: Months Days 5c. UNDER 1 DAY: Hours Minutes 6. DATE OF BIRTH (Mo, Day, Yr): APR 19, 1911 7. BIRTHPLACE (City and State or Foreign Country): New York, New York 8a. WAS DECEDENT A US VETERAN? Yes 8b. YEAR LAST SERVED IN US ARMED FORCES? 1945 9a. PLACE OF DEATH (Check only one (See instructions)) HOSPITAL: Inpatient ER/Outpatient OOA OTHER: Nursing Home Other (Specify) Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number): St. Catherine Hospital 9c. CITY, TOWN OR LOCATION OF DEATH: East Chicago 9d. COUNTY OF DEATH: Lake

10. MARITAL STATUS (Specify): Married 11. SURVIVING SPOUSE (If wife, give maiden name): Alice Anderson 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Physician 12b. KIND OF BUSINESS/INDUSTRY: Health Care

13a. RESIDENCE—STATE: Indiana 13b. COUNTY: Lake 13c. CITY, TOWN, OR LOCATION: Hammond 13d. STREET AND NUMBER: 7225 Knickerbocker Pkwy

13e. ZIP CODE: 46323 13f. INSIDE CITY LIMITS: No Yes 13g. ON A FARM?: No Yes 14. CITIZEN OF WHAT COUNTRY?: USA 15. WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.): 16. RACE—American Indian, Black, White, etc. (Specify): White 17. DECEDENT'S EDUCATION (Specify highest grade completed): Elementary/Secondary 10 11) College 11 4 or 5 +

PARENTS

18. FATHER'S NAME (First, Middle, Last): Dr. Thomas F. Cotter 19. MOTHER'S NAME (First, Middle, Maiden Surname): Sarah Louise Holmes

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Alice Cotter 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7225 Knickerbocker, Hammond, IN 46323 20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: Burial (checked) Entombment, Removal from State, Donation, Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place): Feb 12, 1992 St. John Cemetery 21c. LOCATION—City or Town, State: Hammond, Indiana

22a. EMBALMER'S NAME: Charles D. Scheuer Jr. 22b. EMBALMER'S LICENSE NO: 1006049 23. WAS DEATH REPORTED TO CORONER? No (checked) Yes

24a. SIGNATURE OF FUNERAL DIRECTOR: Charles D. Scheuer Jr. 24b. LICENSE NUMBER (of Licensee): 1006049 25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Virgil Huber Funeral Home, 7051 Kennedy, Hammond, IN 46323

CAUSE OF DEATH

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): a. Cardio-respiratory arrest b. Pulmonary insufficiency c. DUE TO (OR AS A CONSEQUENCE OF) d. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST: Repair of abdominal aortic aneurysm. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1.5 hrs. FILED FEB 25 1992

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Repair of abdominal aortic aneurysm. 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): N/A 28. WAS AN AUTOPSY PERFORMED? (Yes or no): No 29. WERE AUTOPSY FINDINGS COMPLETE? (Yes or no): N/A AUDITOR LAKE COUNTY

CERTIFIER

28a. CERTIFIER (Check only one): CERTIFYING PHYSICIAN (checked) HEALTH OFFICER CORONER 28b. SIGNATURE AND TITLE OF CERTIFIER: [Signature] 28c. MEDICAL LICENSE NO: 26577 28d. DATE SIGNED (Month, Day, Year): Feb. 11, 1992

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): KWANG DUCK YOU, M.D. 931 Fran Lin Parkway, Munster, IN 46321 31. HEALTH OFFICER'S SIGNATURE: [Signature] 32. DATE FILED (Month, Day, Year): 2-12-92

CORONER USE ONLY

33. MANNER OF DEATH: Natural (checked) Pending Investigation, Accident, Suicide, Could not be Determined, Homicide 34a. DATE OF INJURY (Month, Day, Year) 34b. TIME OF INJURY 34c. INJURY AT WORK? (Yes or no) 34d. DISCUSS 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.