

92012652

Atty: Lance E. Runkamp  
3805 38th St  
Boylston High, IN  
INDIANA STATE BOARD OF HEALTH 46322

P+ W2 E2 E2 NE SW  
S. 22 T. 36 R. 9

Local No. 0296-92

CERTIFICATE OF DEATH

State No. Key # 27-14-11  
Unit # 16

TYPE/PRINT  
IN:  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First Middle Last) Jewel A. Maclean		2 SEX Female	3a TIME OF DEATH 11:05 A.M.	3b DATE OF DEATH (Month Day Yr) February 5, 1992
4 SOCIAL SECURITY NUMBER 314-16-0987	5a AGE—Last Birthday (Year) 70	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Oct. 21, 1921
7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a WAS DECEDENT A U.S. VETERAN? NO			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			

DECEDENT

9b FACILITY NAME (If not institution, give street and number) The Community Hospital	9c CITY, TOWN OR LOCATION OF DEATH Munster	9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Donald Maclean	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker
12b KIND OF BUSINESS/INDUSTRY Own Home		

PARENTS

13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Highland	13d STREET AND NUMBER 3529 Highway
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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) White	17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) 12 College (1-4 or 5+)		

INFORMANT

18 FATHER'S NAME (First Middle Last) Unavailable	19 MOTHER'S NAME (First Middle Maiden Surname) De Reener Bertha Spaulding
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DISPOSITION

20a INFORMANT'S NAME (Type/Print) Donald Maclean	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3529 Highway Highland, Indiana	20c Relationship Husband
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 7, 1992 Oakland Memory Lane	21c LOCATION—City or Town, State Dolton, Illinois

CAUSE OF DEATH

22a EMBALMERS NAME N/A	22b EMBALMER'S LICENSE NO. N/A	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>A. Kasper</i>	24b LICENSE NUMBER (of Licensee) FDO 1014511	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500

HEALTH OFFICER

26 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. IMMEDIATE CAUSE (Final disease or condition) (assuming in death) Metastatic Cancer of the Ovary DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death Mar 2 11 46 1992
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Chronic Kidney Disease</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

CERTIFIER

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>S. D. Gailani</i>	29c MEDICAL LICENSE NO. 27970	29d DATE SIGNED (Month Day, Year) 2/6/1992
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HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. S. D. Gailani, 9116 Columbia Ave., Munster, Indiana 46321	31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams M.D.</i>	32 DATE FILED (Month Day Year) Feb. 7, 1992
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CORONER USE ONLY

33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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 MAR 2 1992
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f LOCALITY (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 <i>Donna M. Johnston Benton</i> AUDITOR LAKE COUNTY			