92026884

6233 Alumosa Ave.
Fort Myers Fl.
Thomas S. Long 33908

N 150 of S 800' N 233 55 S 17 T 35 R 9 114 Ac

Local No. 473-89

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: FIRST Hazel MIDDLE B LAST Long
2. SEX: Female
3. DATE OF DEATH (Mo. Day Yr.): March 8, 1989
4. SOCIAL SECURITY NUMBER: 313-12-5734
5a. AGE—Last Birthday (Years): 65
5b. UNDER 1 YEAR (Months, Days)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Month Day Year): July 3, 1923
7. BIRTHPLACE (City and State or Foreign Country): Danville, Illinois
8. YEAR LAST SERVED IN U.S. ARMED FORCES?: None
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2100 Schilling Dr
9c. CITY, TOWN OR LOCATION OF DEATH: Schererville
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Thomas S Long
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Self Employed
12b. KIND OF BUSINESS/INDUSTRY: Auto Supply Store
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Schererville
13d. STREET AND NUMBER: 2100 Schilling Dr
13e. INSIDE CITY LIMITS?: Yes
13f. FARM: No
13g. ZIP CODE: 46375
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ No ☐ Yes Specify:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Edward DeLay
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruth Davis

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Thomas S Long
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2100 Schilling Dr Schererville, IN46375
19c. Relationship: Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 10, 1989 Chapel Lawn Memorial Gardens
20c. LOCATION—City or Town, State: Schererville, Indiana
21a. SIGNATURE OF FUNERAL DIRECTOR: Edward F. Mullaney
21b. LICENSE NUMBER (of Licensee): FDO 1007176
22. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: FD8300150 Fagen-Miller Funeral Gardens Inc 1920 Hart St Dyer, Indiana 46311

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.
23a. To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title
23b. LICENSE NUMBER
23c. DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. TIME OF DEATH: 3:45 P M
25. DATE PRONOUNCED DEAD (Month, Day, Year): March 8, 1989
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): Yes

CAUSE OF DEATH — SEE INSTRUCTIONS

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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. Metastatic Ovarian Carcinoma — Approximate Interval Between Onset and Death: months
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
☐ MEDICAL EXAMINER ☐ CORONER ☐ 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) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER: Thomas A Brubaker MD
29c. LICENSE NUMBER: 01024438
29d. DATE SIGNED (Month, Day, Year): March 9th 1989
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): Thomas A. Brubaker, M.D., 110 Ridge Road, Munster, IN 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Beck F Johnson MD
32. DATE FILED (Month, Day, Year): March 10, 1989

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ 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. 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)

01816

6.00

FILED APR 29 1992

Anna N. Anton
AUDITOR LAKE COUNTY

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP
RECORDER'S OFFICE LAKE COUNTY INDIANA

SBH08-004 State Form 10110 Rev 10/87 DEATHPO 1