92038843

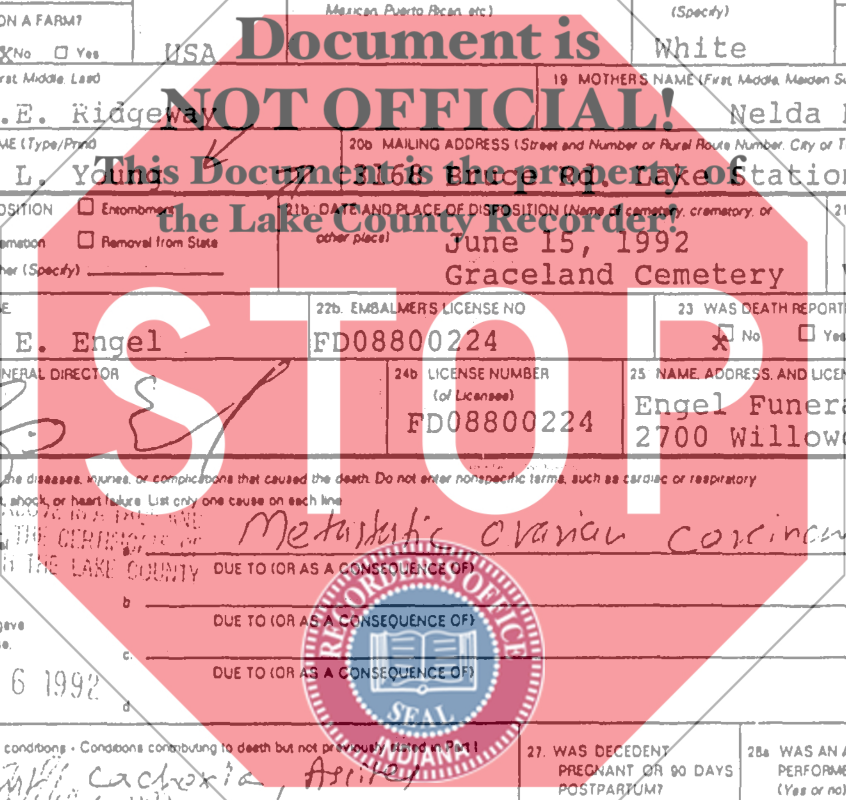
River-dale L.18
Key#50-286-18; unit#35

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1297-92 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK



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DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	Neldah Jean Young
2. Sex	Female
3a. Time of Death	4:25a m
3b. Date of Death (Month Day Yr)	June 12, 1992
4. Social Security Number	203-28-8797
5a. Age—Last Birthday (Years)	58
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Mo. Day Yr)	Feb. 24, 1934
7. Birthplace (City and State or Foreign Country)	Urichsville, Ohio
8a. Was Decedent a U.S. Veteran?	No
8b. Year Last Served in U.S. Armed Forces?	None
9a. Place of Death (Check only one)	Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. Facility Name (If not institution, give street and number)	3168 Bruce Road
9c. City, Town or Location of Death	Lake Station
9d. County of Death	Lake
10. Marital Status (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Ronald L. Young
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Computer Operator
12b. Kind of Business/Industry	Bethlehem Steel
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town or Location	Lake Station
13d. Street and Number	3168 Bruce Road
13e. Zip Code	46405
13f. Inside City Limits	☐ No ☒ Yes
13g. On a Farm?	☒ No ☐ Yes
14. Citizen of What Country?	USA
15. Was Decedent of Hispanic Origin? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. Race—American Indian, Black, White, etc. (Specify)	White
17. Decedent's Education (Specify only highest grade completed): Elementary/Secondary (0-12)	NA
College (1-4 or 5+)	NA

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	L.E. Ridgeway
19. Mother's Name (First, Middle, Maiden Surname)	Nelda R. Langdon

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	Ronald L. Young
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3168 Bruce Rd. Lake Station, In
20c. Relationship	Husband

DISPOSITION

Field	Entry
21a. Method of Disposition	☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place)	June 15, 1992 Graceland Cemetery
21c. Location—City or Town, State	Valparaiso, In
22a. Embalmer's Name	Philip E. Engel
22b. Embalmer's License No.	FD08800224
23. Was Death Reported to Coroner?	☒ No ☐ Yes
24a. Signature of Funeral Director	[signature]
24b. License Number (of Licensee)	FD08800224
25. Name, Address, and License Number of Funeral Home	Engel Funeral HomeFDH3007893 2700 Willowcreek Portage, In.

CAUSE OF DEATH

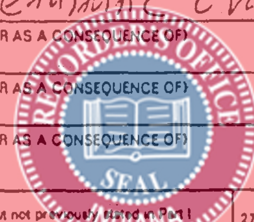
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) a.	Metastatic ovarian carcinoma	>2 yrs
DUE TO (OR AS A CONSEQUENCE OF) b.		
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions—Conditions contributing to death but not resulting in the underlying cause given in Part I: Malignant cachexia, Ascites

Field	Entry
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



THIS CERTIFIES ... COMPLETE COPY OF THE CERTIFICATE ... IN THE LAKE COUNTY ... JUN 16 1992 ... ROBERT ... LAKE COUNTY ...

CERTIFIER

29a. Certifier (Check only one)
- ☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ 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.
- ☐ 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.

Field	Entry
29b. Signature and Title of Certifier	[signature] MD
29c. Medical License No.	01035695-13
29d. Date Signed (Month, Day, Year)	6-15-92
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	Dr. J. Sanghvi 125 E. 89 Avenue Merrillville, Indiana 46410

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	Alexander S. Williams, MD
32. Date Filed (Month, Day, Year)	June 16, 1992

FILED JUN 16 1992

CORONER USE ONLY

Field	Entry
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)	
34g. Date Pronounced Dead (Month, Day, Year)	
34h. Motor Vehicle Accident? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

Anna N. Antone
AUDITOR LAKE COUNTY

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