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INDIANA STATE BOARD OF HEALTH

C. E. DAUGHERTY
SIX EAST 67th AVE
MERRILLVILLE, IN. 46410

Local No. 2756-92
93019693

CERTIFICATE OF DEATH

State No. 46-334-19

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last): JUNE F. BOONE
 2. SEX: Female
 3a. TIME OF DEATH: 3:34 A.M.
 3b. DATE OF DEATH (Month, Day, Yr.): December 28, 1992
 4. SOCIAL SECURITY NUMBER: 305-12-6733
 5a. AGE—Last Birthday (Year): 73
 5b. UNDER 1 YEAR: Mo: 7, Yr: 0
 5c. UNDER 1 DAY: Mo: 0, Yr: 0
 6. DATE OF BIRTH (Mo, Day, Yr): February 9, 1919
 7. BIRTHPLACE (City and State or Foreign Country): St. Bernice, Indiana
 8a. WAS DECEDENT A U.S. VETERAN? No
 8b. YEAR LAST SERVED IN U.S. ARMED FORCES: ---
 9. PLACE OF DEATH (Check only one. See instructions):
 HOSPITAL: Inpatient ER/Outpatient DOA
 OTHER: Nursing Home Other (Specify) Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number): Methodist Hospital Southlake Campus
 9c. CITY, TOWN, OR LOCATION OF DEATH: Merrillville
 9d. COUNTY OF DEATH: Lake
 10. MARITAL STATUS (Specify): Widowed
 11. SURVIVING SPOUSE (If wife, give maiden name):
 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Clerk Typist
 12b. KIND OF BUSINESS/INDUSTRY: State of Indiana
 13a. RESIDENCE—STATE: Indiana
 13b. COUNTY: Lake
 13c. CITY, TOWN, OR LOCATION: Gary
 13d. STREET AND NUMBER: 3544 Van Buren Street
 13e. ZIP CODE: 46408
 13f. INSIDE CITY LIMITS: No Yes
 13g. ON A FARM? No Yes
 14. CITIZEN OF WHAT COUNTRY: U.S.A.
 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 only highest grade completed):
 Elementary/Secondary (10-12) College (1-4 or 5+) 12

PARENTS

18. FATHER'S NAME (First, Middle, Last): William Buckner
 19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Kessinger

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Darlene J. Bernal
 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3544 Van Buren Street, Gary, Indiana 46408
 20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: Burial Entombment Cremation Removal from State Donation Other (Specify):
 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): December 30, 1992, Ridgelawn Cemetery
 21c. LOCATION—City or Town, State: Gary, Indiana

CAUSE OF DEATH

22a. EMBALMER'S NAME: Ronald J. Mesarch
 22b. EMBALMER'S LICENSE NO.: FDO1005912
 23. WAS DEATH REPORTED TO CORONER? No Yes
 24a. SIGNATURE OF FUNERAL DIRECTOR: Ronald J. Mesarch
 24b. LICENSE NUMBER (of Licensee): FDO1005912
 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home, Inc. FH83007762, 7905 Broadway, Merrillville, In. 46410

CAUSE OF DEATH

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 (P00): Cardiovascular arrest minutes
 DUE TO (OR AS A CONSEQUENCE OF): Recent infection with myocardial infarction days
 DUE TO (OR AS A CONSEQUENCE OF): Cardiac arrest years
 DUE TO (OR AS A CONSEQUENCE OF):

CAUSE OF DEATH

26. PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I.
 27a. REGESTED DECEASED: YES NO
 27b. WAS AN AUTOPSY PERFORMED? (Yes or no): No
 27c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

28a. 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.
 28b. SIGNATURE AND TITLE OF CERTIFIER: Alexander N. Williams, M.D., MERRILLVILLE COUNTY
 28c. MEDICAL LICENSE NO.: 31712
 28d. DATE SIGNED (Month, Day, Year): Dec 31-92

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Jack H. Ziegler, M.D., 8909 Broadway, Merrillville, Indiana 46410
 31. HEALTH OFFICER'S SIGNATURE: Alexander N. Williams, M.D.
 32. DATE FILED (Month, Day, Year): December 31, 1992

CORONER 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): 00709
 34g. DATE PRONOUNCED DEAD (Month, Day, Year):
 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.: 6:00

46-334-19
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