1 SCC
93039842

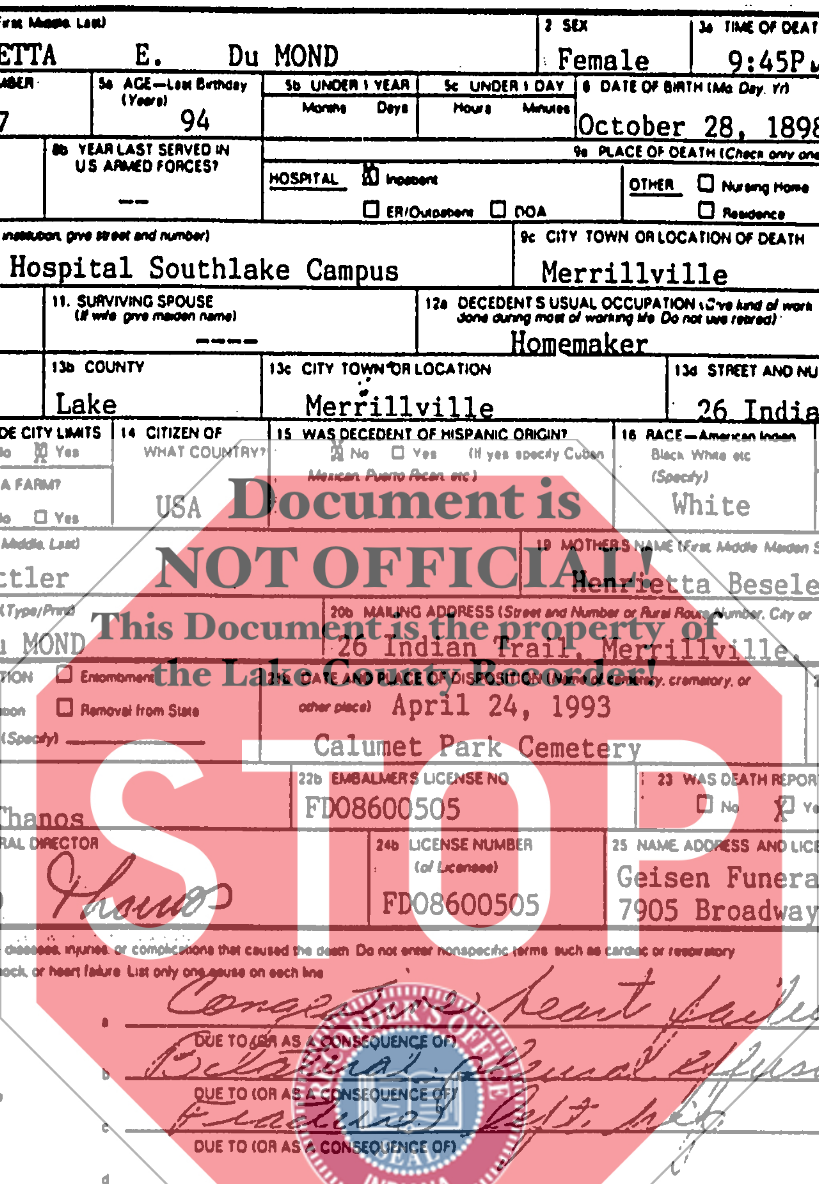
INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 0877-93 State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK


Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

DECEDENT

1 DECEASED—NAME (First Middle Last): HENRIETTA E. Du MOND
2 SEX: Female
3a TIME OF DEATH: 9:45P M
3b DATE OF DEATH (Month Day Yr): April 20, 1993
4 SOCIAL SECURITY NUMBER: 305-70-3307
5a AGE—Last Birthday (Years): 94
5b UNDER 1 YEAR (Months, Days):
5c UNDER 1 DAY (Hours, Minutes):
6 DATE OF BIRTH (Mo Day Yr): October 28, 1898
7 BIRTHPLACE (City and State or Foreign Country): Trempealeau, Wisconsin
8a WAS DECEDENT A US VETERAN? No
8b YEAR LAST SERVED IN US ARMED FORCES? ---
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
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): Homemaker
12b KIND OF BUSINESS/INDUSTRY: Own Home
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Merrillville
13d STREET AND NUMBER: 26 Indian Trail
13e ZIP CODE: 46410
13f INSIDE CITY LIMITS: [ ] No [X] Yes
13g ON A FARM? [X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY? USA
15 WAS DECEDENT OF HISPANIC ORIGIN? [X] 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 (0-12): 8; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First Middle Last): Peter Spittler
19 MOTHER'S NAME (First Middle Maiden Surname): Henrietta Beseler

INFORMANT

20a INFORMANT'S NAME (Type/Print): Arlene Du MOND
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 26 Indian Trail, Merrillville, IN 46410
20c Relationship: Daughter

DISPOSITION

21a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 24, 1993 Calumet Park Cemetery
21c LOCATION—City or Town, State: Merrillville, Indiana
22a EMBALMER'S NAME: Alexis Thanos
22b EMBALMER'S LICENSE NO: FD08600505
23 WAS DEATH REPORTED TO CORONER? [ ] No [X] Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Alexis Thanos
24b LICENSE NUMBER (of Licensee): FD08600505
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home, FH83007762 7905 Broadway, Merrillville, IN 46410

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF)
b. Bilateral pleural effusions
DUE TO (OR AS A CONSEQUENCE OF)
c. Fracture left hip
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 previously stated in Part I

THIS IS TO CERTIFY THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

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)
[X] 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

APR 26 1993

29b SIGNATURE AND TITLE OF CERTIFIER: Shannon McCarthy MD
29c MEDICAL LICENSE NO: 01031401
29d DATE SIGNED (Month Day Year): 4/26/93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Shannon K. McCarthy, 9111 Broadway, Merrillville, Indiana 46410

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander Williams MD
32 DATE FILED (Month Day Year): April 26, 1993

CORONER USE ONLY

33 MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
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.

FILED
JUN 21 1993
Anna N. Anton
AUDITOR LAKE COUNTY

STATE OF INDIANA S.S. NO.
LAKE COUNTY
FILED FOR RECORD
JUN 21 12 30 PM '93
RECORDER

6/21/93 Sup
15-170-13 Lakeside Forest Hills add. L. 69

1337 6.00

SDH06-004 State Form 10110 (R3/3-92) DEATHCER PD 1