

DONALD O'DELL  
PO 188  
LAWELL, IN 46356

93072386 INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1704-93

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>Elizabeth Meeker</b>		2 SEX <b>Female</b>		3a TIME OF DEATH <b>6:30A M</b>		3b DATE OF DEATH (Month, Day, Yr) <b>July 8, 1993</b>	
4 SOCIAL SECURITY NUMBER <b>306 10 0986</b>		5a AGE—Last Birthday (Years) <b>78</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) <b>August 27, 1914</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Scalp Level, Pennsylvania</b>					
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>none</b>		9a PLACE OF DEATH (Check only one. See instructions.)			
HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) <b>St. Anthony Nursing Home</b>				9c CITY, TOWN, OR LOCATION OF DEATH <b>Crown Point</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Harold Meeker</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Supervisor</b>		12b KIND OF BUSINESS/INDUSTRY <b>Mari-Order</b>	
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN, OR LOCATION <b>Munster</b>		13d STREET AND NUMBER <b>8427 Forest Ave</b>	
13e ZIP CODE <b>46321</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17 DECEDENT'S EDUCATION (Specify any highest grade completed) <b>High School (9-12) College (1-4 or 5+)</b>			
18 FATHER'S NAME (First, Middle, Last) <b>George Kisfalusi</b>				19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary Weiss</b>			
20a INFORMANT'S NAME (Type/Print) <b>Harold Meeker</b>		20b MAILING ADDRESS (If different from Part 13, give number, City or Town, State, Zip Code) <b>8427 Forest Ave, Munster, Indiana 46321</b>		20c Relationship <b>Husband</b>			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>July 12, 1993 St. Joseph Cemetery</b>		21c LOCATION—City or Town, State <b>Hammond, Indiana</b>			
22a EMBALMER'S NAME <b>Marc Mosqueda</b>		22b EMBALMER'S LICENSE NO. <b>8800240</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b LICENSE NUMBER (of License) <b>1045184</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Home #3004968 8415 Calumet Ave Munster, Indiana 46321</b>			
26. PART I Enter the precise manner, or combination, 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 resulting in death) <b>Alvedar, O'Dell, Curc</b> DUE TO (OR AS A CONSEQUENCE OF) <b>OCT 13 1993</b> DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)		APPROXIMATE Interval Between Onset and Death <b>10-15</b>		COUNTY <b>LAKE COUNTY</b>			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Respiratory failure</b>		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
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>[Signature]</i>		29c. MEDICAL LICENSE NO. <b>01027640</b>		29d. DATE SIGNED (Month, Day, Year) <b>7-8-93</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. L. Bernstein, 5500 Hohman Ave, Hammond, Ind.</b>							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) <b>July 12, 1993</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>60</b>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>1283-A</b>					

DECEDENT

PARENTS  
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

With Outside 14 36H 52-57-0  
Knechtbocker-Tall 160.5V 217 #28-95-5

