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10-14-64-2

Record & Return to: Roy A. Hansen
2332 Hart St.
Dyer, IN 46311

INDIANA STATE BOARD OF HEALTH

Local No. 15867-92 93083550 CERTIFICATE OF DEATH State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Ellen Louise Hansen
2. SEX: Female
3a. TIME OF DEATH: 1:06 P M
3b. DATE OF DEATH (Month, Day, Yr): July 23, 1992
4. SOCIAL SECURITY NUMBER: 305-30-7681
5a. AGE—Last Birthday (Years): 62
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): May 5, 1930
7. BIRTHPLACE (City and State or Foreign Country): EAST CHICAGO, IN
8a. WAS DECEDENT A US VETERAN?: No
8b. YEAR LAST SERVED IN US ARMED FORCES?: None
9a. PLACE OF DEATH (Check only one—See instructions): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Margaret Mercy - South Campus
9c. CITY, TOWN OR LOCATION OF DEATH: Dyer
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Roy A. Hansen
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Dyer
13d. STREET AND NUMBER: 2332 Hart Street
13e. ZIP CODE: 46311
13f. INSIDE CITY LIMITS? ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
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 (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Roy Young
19. MOTHER'S NAME (First, Middle, Maiden Surname): Dora Belle Oberfelt

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Roy A. Hansen
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2332 Hart Street, Dyer, Indiana 46311
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Donation ☐ Other (Specify) ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): July 27, 1992 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State: Schererville, Indiana
22a. EMBALMER'S NAME: Henry Jr. Blake
22b. EMBALMER'S LICENSE NO: FD01019406
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Elden V. LaHayne
24b. LICENSE NUMBER (of Licensee): FD01041928
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: LaHAYNE Funeral Home, Inc., FH8300288, 5746 Hohman Ave., Hammond, Indiana 463

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CARDIOPULMONARY ARREST
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: b. DUE TO (OR AS A CONSEQUENCE OF): CARDIOPULMONARY ARREST
c. DUE TO (OR AS A CONSEQUENCE OF): END STAGE RENAL DISEASE
d. DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death:

JUL 24 1992

PART II. Other significant conditions - Conditions contributing to death but not previously listed in Part I:

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
28a. WAS AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE DEATH? (Yes or no): NO

FILED
NOV 30 1993
AUDITOR 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.
29b. SIGNATURE AND TITLE OF CERTIFIER: Alexander D. Fullerton, MD LAKE COUNTY HEALTH COMMISSIONER
29c. MEDICAL LICENSE NO: 020008488
29d. DATE SIGNED (Month, Day, Year): 7/24/92
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Steven F. Mischel, M.D., 222 Douglas Street, Hammond, Indiana 46320

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander D. Fullerton, MD
32. DATE FILED (Month, Day, Year): July 24, 1992

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:

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