Local No: 1459-93

93087608

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No:

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

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| 1 DECEASED—NAME (First Middle Last) | 2 SEX | 3a TIME OF DEATH | 3b DATE OF DEATH (Month Day Yr) |
|---|---|---|---|
| IMAJEAN LASER | Female | 3:05 p M | May 29, 1993 |

| 4 SOCIAL SECURITY NUMBER | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo Day Yr) | 7 BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 375-26-2913 | 63 | | | October 25, 1929 | Princeton, Indiana |

| 8a WAS DECEDENT A U.S. VETERAN? | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a PLACE OF DEATH (Check only one See instructions) |
|---|---|---|
| no | -- | HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence |

| 9b FACILITY NAME (If not institution give street and number) | 9c CITY, TOWN OR LOCATION OF DEATH | 9d COUNTY OF DEATH |
|---|---|---|
| 14166 Grant Street | Crown Point | Lake |

| 10 MARITAL STATUS (Specify) | 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) | 12b KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Married | Donald A. Laser | Secretary-Treasurer | Laser Inc. |

| 13a RESIDENCE—STATE | 13b COUNTY | 13c CITY, TOWN, OR LOCATION | 13d STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Crown Point | 14166 Grant Street |

| 13e ZIP CODE | 13f INSIDE CITY LIMITS? | 13g ON A FARM? | 14 CITIZEN OF WHAT COUNTRY? | 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc) | 16 RACE—American Indian, Black, White, etc (Specify) | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | College (1-4 or 5 +) |
|---|---|---|---|---|---|---|---|
| 46307 | XX No ☐ Yes | XX No ☐ Yes | USA | XX No ☐ Yes | White | 12 | |

**PARENTS**

| 18 FATHER'S NAME (First, Middle, Last) | 19 MOTHER'S NAME (First Middle Maiden Surname) |
|---|---|
| Delphus Broadwell | Sadie Keaton |

**INFORMANT**

| 20a INFORMANT'S NAME (Type/Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 20c Relationship |
|---|---|---|
| Donald A. Laser | 14166 Grant St. Crown Point, IN 46307 | Husband |

**DISPOSITION**

| 21a METHOD OF DISPOSITION | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 21c LOCATION—City or Town, State |
|---|---|---|
| XX Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify) | June 3, 1993 Maplewood Memorial Cemetery | Crown Point, Indiana |

| 22a EMBALMER'S NAME | 22b EMBALMER'S LICENSE NO. | 23 WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| Charles W. Wells | 1042372 | XX No ☐ Yes |

| 24a SIGNATURE OF FUNERAL DIRECTOR | 24b LICENSE NUMBER (of Licensee) | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL DEATH ON FILE WITH THE HEALTH DEPT OF LAKE COUNTY | 1009893 | PRUZIN & LITTLE FUNERAL SERVICE #83001261 811 E. Franciscan Dr., Crown Point, IN 46307 |

**CAUSE OF DEATH**

26. PART I Enter the chain of events, diseases, injuries, or complications that directly 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) | Brain Tumor | 18 Months |
| DUE TO (OR AS A CONSEQUENCE OF) | | |
| DUE TO (OR AS A CONSEQUENCE OF) | | |
| DUE TO (OR AS A CONSEQUENCE OF) | | |

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

PART II Other significant conditions contributing to death but not previously listed in Part I

| 27. WAS DECEDENT PREGNANT WITHIN 1 YEAR OF DEATH? (Yes or no) | 28a WAS AUTOPSY PERFORMED? (Yes or no) | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|
| no | no | -- |

**CERTIFIER**

29a CERTIFIER (Check only one)

XX 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 | 29c MEDICAL LICENSE NO | 29d DATE SIGNED (Month, Day, Year) |
|---|---|---|
| C.H. Kacmar | 27088 | 6/2/1993 |

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Joseph A. Kacmar M.D., 123 N. Court Street, Crown Point, Indiana 46307

**HEALTH OFFICER**

| 31. HEALTH OFFICER'S SIGNATURE | 32. DATE FILED (Month, Day, Year) |
|---|---|
| Joseph A. Kacmar M.D. | June 2, 1993 |

**CORONER USE ONLY**

| 33. MANNER OF DEATH | 34a DATE OF INJURY (Month, Day, Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 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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RECORDER'S OFFICE SEAL INDIANA
FILED JUN 02 1993
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AUDITOR LAKE COUNTY
LAKE COUNTY HEALTH COMMISSIONER

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