

1978-91

INDIANA STATE BOARD OF HEALTH

Local No. ... CERTIFICATE OF DEATH State No. ...

93087620

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) Audrey K. Shattuck		2 SEX Female	3a TIME OF DEATH 1:31 P.M.	3b DATE OF DEATH (Month, Day, Year) September 25, 1991	
4 SOCIAL SECURITY NUMBER 168-26-8782	5a AGE—Last Birthday (Years) 59	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) June 8, 1932	
7 BIRTHPLACE (City and State or Foreign Country) Warren, Pennsylvania		8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	9a FACILITY NAME (If not institution, give street and number) 3635 38th Street			
9b CITY, TOWN, OR LOCATION OF DEATH Highland		9c COUNTY OF DEATH Lake			
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (If wife, give maiden name) Paul Shattuck	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 Highland	13d STREET AND NUMBER 3635 38th Street		
14a ZIP CODE 46322	14b INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14c CITIZEN OF WHAT COUNTRY? U.S.A.	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) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12); College (1-4 or 5+) 4		18 FATHER'S NAME (First, Middle, Last) George Kiernan			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Thelma Bittler		20a INFORMANT'S NAME (Type, Print) Paul Shattuck			
20b MARITAL ADDRESS (Street and Number, City or Town, State, Zip Code) 3635 38th Street, Highland, IN 46322		20c Relationship Husband			
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 (Month, Day, Year, City, State) September 28, 1991, Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Schererville, Indiana	
22a EMBALMER'S NAME Ronald A. Reed		22b EMBALMER'S LICENSE NUMBER FD01001081		22c WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
23a SIGNATURE OF FUNERAL DIRECTOR <i>C.A. Kuiper</i>		23b LICENSE NUMBER (of Licensee) FD01014511		23c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home FH 300-7500 9039 Kleinman Road, Highland, IN 46322	
24 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 OF DEATH: Acute Nortriptyline Intoxication DUE TO (OR AS A CONSEQUENCE OF): CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, stating the underlying cause last: NOV. 30-1993					
25 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SAMI RE... DEC 27 9 26 AM '91 FILED... UNKNOW					
26 PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	28 WAS AN AUTOPSY PERFORMED? (Yes or no) Yes	29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes	
29a CERTIFIER (Check only one) <input 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 checked="" 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>Daniel D. Thomas, M.D.</i>		29c MEDICAL LICENSE NO. 16120	29d DATE SIGNED (Month, Day, Year) January 3, 1992		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 24) (Type, Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>			32 DATE FILED (Month, Day, Year) January 6, 1992		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) Sept. 25, 1991	34b TIME OF INJURY Unknown	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED Drug Overdose
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Home		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 3635 38th Street Highland, Indiana			
34g DATE PRONOUNCED DEAD (Month, Day, Year) September 25, 1991		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No			

