94027631

Local No. 783

Diana Moore
2454 White Oak Ave. Whiting 46394

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Sept. 22, 1993
Date Issued

Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First Middle Last)	HENRY C. COOPER
2 SEX	MALE
3a TIME OF DEATH	9:20 A M
3b DATE OF DEATH (Month Day Year)	September 17, 1993
4 SOCIAL SECURITY NUMBER	313-01-7468
5a AGE—Last Birthday (Years)	77
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Mo. Day Yr)	March 6, 1916
7 BIRTHPLACE (City and State or Foreign Country)	McHenry, KENTUCKY
8a WAS DECEDENT A U.S. VETERAN?	NO
8b YEAR LAST SERVED IN US ARMED FORCES?	N/A
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)	2012 Lincoln Avenue
9c CITY, TOWN, OR LOCATION OF DEATH	Hammond (P.O.Whiting)
9d COUNTY OF DEATH	LAKE
10 MARITAL STATUS (Specify)	MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name)	SCLEAN MOORE
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Construction
12b KIND OF BUSINESS/INDUSTRY	LTV STEEL
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN, OR LOCATION	Hammond (P.O.Whiting)
13d STREET AND NUMBER	2012 Lincoln Avenue
13e ZIP CODE	46394
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) / College (1-4 or 5+)	

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	NOAH COOPER
19 MOTHER'S NAME (First Middle Maiden Surname)	MAMIE BORAH

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	SCLEAN COOPER
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2012 Lincoln Ave., Whiting, IN 46394
20c Relationship	WIFE

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21 September, 1993 ELMWOOD CEMETERY
21c LOCATION—City or Town, State	HAMMOND, INDIANA
22a EMBALMER'S NAME	THOS. OWENS
22b EMBALMER'S LICENSE NO.	FDE 1001049
23 WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	Thos Owens
24b LICENSE NUMBER (of Licensee)	FDE 1001049
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Owens Funeral Home FDH3007291 816-119th St., Whiting, IN 46394

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Acute Pulmonary Failure	Hours
DUE TO (OR AS A CONSEQUENCE OF) b.	Chronic Obstructive Pulmonary Disease	Years
DUE TO (OR AS A CONSEQUENCE OF) c.		
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: Oropharangeal Carcinoma

Field	Entry
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)	N/A

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.

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c MEDICAL LICENSE NO.	010153
29d DATE SIGNED (Month, Day, Year)	9-21-93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Claude E. Foreit, D.O. 3831 Hohman Ave Hammond 46327

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	[signature] M.D.
32 DATE FILED (Month, Day, Year)	September 22, 1993

FILED 1994

CORONER USE ONLY

Field	Entry
33 MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
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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#36-105-10

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