

ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Franklin Add
lot 514 52 Block 8
Key #33-157-41
State No. Unit # 26

Local No. 0839-94... 94027750 CERTIFICATE OF DEATH

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First Middle, Last) Bertha Lafferty		2. SEX female	3a. TIME OF DEATH 12:40 a	3b. DATE OF DEATH (Month, Day, Yr) April 7, 1994
4. SOCIAL SECURITY NUMBER 311-03-6998 A	5a. AGE—Last Birthday (Years) 85	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) April 1, 1909
7. BIRTHPLACE (City and State or Foreign Country) Double Springs, Alaba	8a. WAS DECEDENT A U.S. VETERAN? no	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? none	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) Med-Inn	9c. CITY, TOWN OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) widowed	11. SURVIVING SPOUSE (If wife, give maiden name) none	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 Munster	13d. STREET AND NUMBER 7935 Calumet Avenue	
13e. ZIP CODE 46321	13f. INSIDE CITY LIMITS? <input checked="" 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? 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 (0-12) <input checked="" type="checkbox"/> College (1-4 or 4+) 13 2		18. FATHER'S NAME (First, Middle, Last) Austin B. Nix		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Cain		20a. INFORMANT'S NAME (Type/Print) Msr. Shirley Allen		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6219 Jackson Hammond, IN 46324		20c. Relationship Daughter		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) April 11, 1994 Chapel Lawn Memorial Gardens		21c. LOCATION—City or Town, State Scherville, Indiana	
22a. EMBALMER'S NAME David McCoy	22b. EMBALMER'S LICENSE NO. FD08700581	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b. LICENSE NUMBER (of Licensee) FD01013507	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Avenue Hammond, IN 46323		
26. PART I. CAUSE OF DEATH (Specify disease, injury, 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): APR 08 1994 Hypostatic Pneumonia Constrictive Heart Failure Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: Hypertensive Cardiovascular Disease Cancer of the Breast ALEXANDER D. WILLIAMS, M.D. COUNTY HEALTH COMMISSIONER				
PART II. Other significant conditions contributing to death but not previously stated in Part I. Cardiovascular Accident Diabetic Mellitus Carcinoma of the Breast		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> 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)
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. IN 20248	29d. DATE SIGNED (Month, Day, Year) 4/7/94	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) W.V. HEHEMANN MD 790 CALUMET AVE MUNSTER IN 46321				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) April 8, 1994
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)	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) APR 13 1994		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. Anna M. Antoy 817		

FILED

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