

94027751

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0066-93

CERTIFICATE OF DEATH

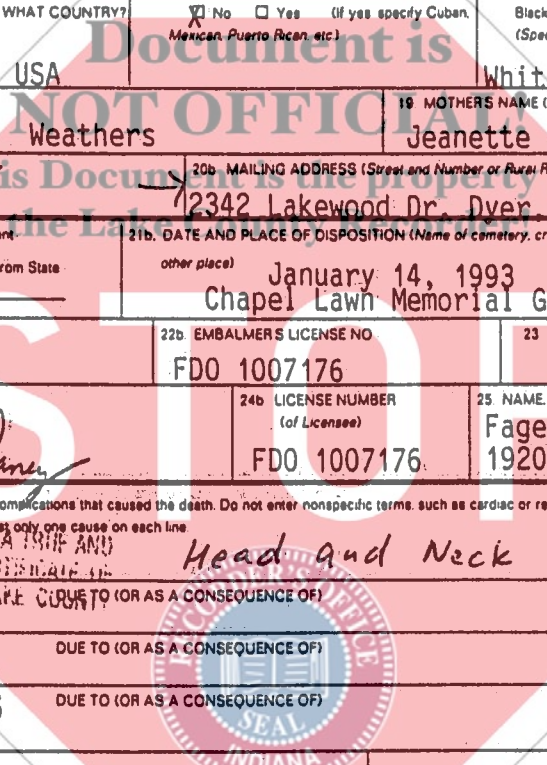
State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>Josephine Isabelle Glans</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>6:30 P M</b>	3b. DATE OF DEATH (Month, Day, Year) <b>January 10, 1993</b>
4 SOCIAL SECURITY NUMBER <b>309-60-9001</b>		5a. AGE—Last Birthday (Years) <b>75</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo, Day, Yr) <b>August 24, 1917</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Lawrenceville, Illinois</b>		
8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one See instructions) <input type="checkbox"/> HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence
9b. FACILITY NAME (If not institution, give street and number) <b>2342 Lakewood Dr.</b>		9c. CITY, TOWN OR LOCATION OF DEATH <b>Dyer</b>		9d. COUNTY OF DEATH <b>Lake</b>
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Arthur N. Glans Jr.</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired). <b>Occupational Aide</b>
12b. KIND OF BUSINESS/INDUSTRY <b>Hospital</b>		13a. RESIDENCE—STATE <b>Indiana</b>		
13b. COUNTY <b>Lake</b>		13c. CITY, TOWN OR LOCATION <b>Dyer</b>		13d. STREET AND NUMBER <b>2342 Lakewood Dr.</b>
13e. ZIP CODE <b>46311</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		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) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary Secondary (0-12)</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>College (13-16)</b>		
18. FATHER'S NAME (First, Middle, Last) <b>John William Weathers</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Jeanette Sophie Bauer</b>		
20a. INFORMANT'S NAME (Type/Print) <b>Arthur N. Glans Jr.</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2342 Lakewood Dr. Dyer, Indiana 46311</b>		20c. Relationship <b>Husband</b>
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 (Name of cemetery, crematory, or other place) <b>January 14, 1993 Chapel Lawn Memorial Gardens</b>		21c. LOCATION—City or Town, State <b>Schererville, Indiana</b>
22a. EMBALMER'S NAME <b>Edward F. Mullaney</b>		22b. EMBALMER'S LICENSE NO. <b>FDO 1007176</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Edward F. Mullaney</i>		24b. LICENSE NUMBER (of Licensee) <b>FDO 1007176</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Fagen-Miller Funeral Gardens Inc FH83001504 1920 Hart St. Dyer, Indiana 46311</b>
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. List only one cause on each line. <b>Head and Neck Cancer</b>		Approximate Interval Between Onset and Death:		
IMMEDIATE CAUSE (Final disease, or condition, resulting in death) <b>JAN 12 1993</b>		b. DUE TO (OR AS A CONSEQUENCE OF)		
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.		c. DUE TO (OR AS A CONSEQUENCE OF)		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Alexander D. Williams, M.D.</i> <b>LAKE COUNTY HEALTH DEPARTMENT</b>		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>
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>R. S. Draga</i>		29c. MEDICAL LICENSE NO. <b>01031484</b>
29d. DATE SIGNED (Month, Day, Year) <b>Jan. 11, 1993</b>				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Ray E. Draga, M.D. 8127 Merrillville Rd. Merrillville, IN 46410</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i>		32. DATE FILED (Month, Day, Year) <b>January 12, 1993</b>		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)		34d. DESCRIPTION OF INJURY OCCURRED <b>APR 13 1994</b>		
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) <i>Anna M. Anton</i> <b>AUDITOR LAKE COUNTY</b>		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>70818</b>		

Key # 14-63-8, Plum Creek add to Dyer & N. 20 ft. 7.9.31/



FILED