"ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal." 12

INDIANA STATE DEPARTMENT OF HEALTH

Independence Hill
3rd All Lot 184

Local No. C382-94 94028820

CERTIFICATE OF DEATH

State No. ....

Key #15-149-27 unit #08

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)	EDNA MAY TARR
2 SEX	Female
3a TIME OF DEATH	1:15 P.M
3b DATE OF DEATH (Month Day Yr)	April 6, 1994
4 *SOCIAL SECURITY NUMBER	304-34-4487
5a AGE—Last Birthday (Years)	60
5b UNDER 1 YEAR (Months Days)	
5c UNDER 1 DAY (Hours Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	December 16,1933
7 BIRTHPLACE (City and State or Foreign Country)	Georgetown, Illinois
8a WAS DECEDENT A US VETERAN?	No
8b YEAR LAST SERVED IN US ARMED FORCES?	----
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)	8401 Ellsworth Court
9c CITY, TOWN OR LOCATION OF DEATH	Merrillville
9d COUNTY OF DEATH	Lake
10 MARITAL STATUS (Specify)	Married
11 SURVIVING SPOUSE (If wife, give maiden name)	Richard L. Tarr
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	Nurse
12b KIND OF BUSINESS/INDUSTRY	Lutheran Village
13a RESIDENCE—STATE	Indiana
13b COUNTY	Lake
13c CITY TOWN OR LOCATION	Merrillville
13d STREET AND NUMBER	8401 Ellsworth Court
13e ZIP CODE	46410
13f INSIDE CITY LIMITS	☐ No ☒ Yes
13g ON A FARM?	☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban Mexican Puerto Rican etc)	☒ No ☐ Yes
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+)	College: +4

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	Dale Roberts
19 MOTHER'S NAME (First Middle Maiden Surname)	Flossie Hughes

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	Richard Louis Tarr
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	8401 Ellsworth Ct. Merrillville, IN 46410
20c Relationship	Husband

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	April 11, 1994 Lowell Cemetery
21c LOCATION—City or Town State	Lowell, Indiana
22a EMBALMER'S NAME	Ronald J. Mesarch
22b EMBALMER'S LICENSE NO	#FD01005912
23 WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b LICENSE NUMBER (of Licensee)	#FD08600505
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	Geisen Funeral Home, Inc. FH83007762 7905 Broadway Merrillville, IN 46410

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. MYOCARDIAL INFARCTION

DUE TO (OR AS A CONSEQUENCE OF)

b. CORONARY ARTERY DISEASE

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

DUE TO (OR AS A CONSEQUENCE OF)

c.

DUE TO (OR AS A CONSEQUENCE OF)

d.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

PART II. Other significant conditions · Conditions contributing to death but not previously stated in Part I: DIABETES, HYPERTENSION, OBESITY

APR 14 1994

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)	No

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.

LAKE COUNTY HEALTH COMMISSIONER

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	[signature] D.O.
29c MEDICAL LICENSE NO	567-E
29d DATE SIGNED (Month Day Year)	4/13/94
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	James Gentleman, D.O., 12110 Grant, Crown Point, Indiana 46307

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Alexander S. Williams, M.D.
32 DATE FILED (Month Day Year)	April 14, 1994

Field	Entry
33 MANNER OF DEATH	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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.	

FILED

APR 15 1994

[signature] Anna M. Anton

AUDITOR LAKE COUNTY

600

00987

SA RECORDER APR 15 3 16 PM '94

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OFFICE SEAL INDIANA

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1