FA-12348 on ESTATE: Disclosure of the od to pursue our responsibilities and there will be no penalty for INDIA'NIA THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT. INDIANA STATE DEPARTMENT OF HEALTH! Sharah Die pemudesm State Jain 26,1991 CERTIFICATE OF DEATH Local Hammond Health Commissioner THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 DECEASED-NAME (Fret/Middle Lest) 30 TIME OF DEATH BU DATE OF DEATH IMME Day, YI Helen Kennedy January 22, 1994 Remail e 5a AGE-Lest Birthday: (Years) SC UNDER I DAY 6 DATE OF BIRTH (Mo Day, Ye) VENT: 4 *SOCIAL BECURITY NUMBER SE UNDER LYEAR 7. BIRTI IPLACE (City and State or Foreign Country) Minutes 307 40 6354 Dave Hours 94 TerracHaute Indiana WAS DECEDENTS A US VETERANT 98 PLACE OF DEATH (Check only one See instructions) 86 YEAR LAST SERVED IN HOSPITAL Inpetrent OTHER* Avraing Home D. Other (Specify) no none ER/Outpatient DIDOA *XX Residence FACILITY NAME (If not institution, give street and number) DE CITY: TOWN OR LOCATION OF DEATH . Od COUNTY OF DEATH 50 Rosellawn **Hammond** Lake 11 SURVIVING SPOUSE (If wife give meiden name) 12e DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) 10' MARITAL STATUS 126 KIND OF BUSINESS/INDUSTRY Never Married none School Teacher Education 134 RESIDENCE-STATE 136 COUNTY 13d STREET AND NUMBER 13c CITY, TOWN OR LOCATION Indiana Lake Hammond 50 Rose lawn 136 ZIP CODE 136 INSIDE CITY LIMITS 14 CITIZEN OF 15 WAS DECEDENT OF HISPANIC ORIGIN? 18 RACE—American Indian. 17. DECEDENT'S EDUCATION WHAT COUNTRY Black White etc. (Specify only highest grade comple Mexican Puerto Rican, etc.) Elementary/Secondary 12) (Specify) 13g ON A FARM? College (1-4 or 5 +) Whi te 46324 X No [] Yes 5 18 FATHERS NAME (Fast Middle Land 19 MOTHERS NAME (First Middle, Maiden Surname) **PARENTS** John Leonidas Kennedy Sarah Lurinda Bridewell 70s INFORMANT'S NAME (Type/Print 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town: State Zip Code) , 20c. Relationship : INFORMANT Helen Miller 1731 Widson Parkway, Munster, Indiana 216 DATE AND PLACE OF DISPOSITION (Name of cometery, cremetory, or 21c LOCALION -- City or Zent Removal from State other place) January 28, 1994 Oakland Memory Lanes 22a FMRALMERS NAME 226 EMBALMERS LICENSE NO 23 WAS DEATH REPORTED TO CORONERS DISPOSITION 11No X Yes N/A S NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BURNS - KISh Funeral Home #3004968 244 SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER (of Licensee) 8415 Calumet Avet 1045184 Indiana 46321 Hammond. IN PARTI Approximate) Interval Between Onset and Death Unknown Vascular collapse WALRELDIA DE CLAUDSE (FINA Due to arteriosclerotic heart and vascular disease disease of condition esident of the House CAUSE OF DUE TO IOR AS A CONSEQUENCE OF RUES BIAIDS MITTER BITT NE BETS meaning the understand DUE TO IOR AS A CONSEQUENCE OF cause tes PART II. Other aignificans conditions. Conditions contributing to death but not previously stated in Part I. WERE AUTOPSY FINDINGS PERFORMED? PREGNANT OF TO DAYS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) (Yes or no) No No No CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the first data and 29a CERTIFIER (Check only HEALTH OFFICER On the basis of examinetic death occurred Deputy CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time 29c MEDICAL LICENSE NO. 29d. DATE SIGNED (Month, Day, Year) CERTIFIER N/A January 26, 1994 aronel 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH LITEM 28) 14 ype/Print Kathy Philpot, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307 32. DATE FILED (Month, Day, Year) 31 HEALTH OFFICERS SIGNATURE **HEALTH** January 26, 1994 OFFICER 33 MANNER OF DEATH 34. DATE OF INJURY 34c INJURY AT WORK? 34d DESCRIBE HOW INJURY OCCURRED 34h TIME OF (Month, Day, Year) INJURY (Yes or no) ☐ Pending Accider 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 34e PLACE OF INJURY-At home: ferm, street, fectory, office Suicide Could not be 34g DATE PRONOUNCED DEAD (Month Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrien, etc. January 22, 1994