





# INDIANA STATE BOARD OF HEALTH

## CERTIFICATE OF DEATH

Local No. 1594-90

State No. \_\_\_\_\_

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>MARY L. DEEN</b>		2 SEX <b>Female</b>		3a TIME OF DEATH <b>1:05 P.M.</b>		3b DATE OF DEATH (Month, Day, Year) <b>July 28, 1990</b>	
4 SOCIAL SECURITY NUMBER <b>312-10-3548</b>		5a AGE—Last Birthday (Years) <b>75</b>		5b UNDER 1 YEAR Months: _____ Days: _____		5c UNDER 1 DAY Hours: _____ Minutes: _____	
6a WAS DECEDENT A U.S. VETERAN? <b>no</b>		6b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>none</b>		8 DATE OF BIRTH (Month, Day, Year) <b>Nov. 15, 1914</b>			
7 BIRTHPLACE (City and State or Foreign Country) <b>Marshall, Illinois</b>				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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) <b>St. Anthony Medical Center,</b>			9c CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Marshall Deen</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Housewife</b>		12b KIND OF BUSINESS/INDUSTRY <b>Homemaker</b>	
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN OR LOCATION <b>Hammond</b>		13d STREET AND NUMBER <b>6637 Harrison Avenue</b>	
13e ZIP CODE <b>46324</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>USA</b>		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 (1-4 or 5+)</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>10 yrs</b>	
18 FATHER'S NAME (First, Middle, Last) <b>Lawrence Moore</b>				19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Carrie Murphy</b>			
70a INFORMANT'S NAME (Type/Print) <b>Marshall Deen</b>		70b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6637 Harrison Ave., Hammond, Ind. 46324</b>			70c 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>August 1st, 1990 Concordia Cemetery</b>			21c LOCATION—City or Town, State <b>Hammond, Ind.</b>		
22a EMBALMER'S NAME <b>Charles W. Wells</b>		22b EMBALMER'S LICENSE NO. <b>#1042372</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Charles Solan</i>		24b LICENSE NUMBER (of Licensee) <b>FD#1004097</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Solan Funeral Home #3002893 7109 Calumet Ave., Hammond, Ind. 46324</b>			
26a COMPLETE COPY OF THIS CERTIFICATE TO BE FILED WITH THE COUNTY HEALTH DEPT.		26b COMPLETE COPY OF THIS CERTIFICATE TO BE FILED WITH THE COUNTY HEALTH DEPT.				Approximate Interval Between Onset and Death <b>6 days</b>	
26c DUE TO (OR AS A CONSEQUENCE OF)		26c DUE TO (OR AS A CONSEQUENCE OF)				26c DUE TO (OR AS A CONSEQUENCE OF)	
26d DUE TO (OR AS A CONSEQUENCE OF)		26d DUE TO (OR AS A CONSEQUENCE OF)				26d DUE TO (OR AS A CONSEQUENCE OF)	
26e DUE TO (OR AS A CONSEQUENCE OF)		26e DUE TO (OR AS A CONSEQUENCE OF)				26e DUE TO (OR AS A CONSEQUENCE OF)	
26f DUE TO (OR AS A CONSEQUENCE OF)		26f DUE TO (OR AS A CONSEQUENCE OF)				26f DUE TO (OR AS A CONSEQUENCE OF)	
26g DUE TO (OR AS A CONSEQUENCE OF)		26g DUE TO (OR AS A CONSEQUENCE OF)				26g DUE TO (OR AS A CONSEQUENCE OF)	
26h DUE TO (OR AS A CONSEQUENCE OF)		26h DUE TO (OR AS A CONSEQUENCE OF)				26h DUE TO (OR AS A CONSEQUENCE OF)	
26i DUE TO (OR AS A CONSEQUENCE OF)		26i DUE TO (OR AS A CONSEQUENCE OF)				26i DUE TO (OR AS A CONSEQUENCE OF)	
26j DUE TO (OR AS A CONSEQUENCE OF)		26j DUE TO (OR AS A CONSEQUENCE OF)				26j DUE TO (OR AS A CONSEQUENCE OF)	
26k DUE TO (OR AS A CONSEQUENCE OF)		26k DUE TO (OR AS A CONSEQUENCE OF)				26k DUE TO (OR AS A CONSEQUENCE OF)	
26l DUE TO (OR AS A CONSEQUENCE OF)		26l DUE TO (OR AS A CONSEQUENCE OF)				26l DUE TO (OR AS A CONSEQUENCE OF)	
26m DUE TO (OR AS A CONSEQUENCE OF)		26m DUE TO (OR AS A CONSEQUENCE OF)				26m DUE TO (OR AS A CONSEQUENCE OF)	
26n DUE TO (OR AS A CONSEQUENCE OF)		26n DUE TO (OR AS A CONSEQUENCE OF)				26n DUE TO (OR AS A CONSEQUENCE OF)	
26o DUE TO (OR AS A CONSEQUENCE OF)		26o DUE TO (OR AS A CONSEQUENCE OF)				26o DUE TO (OR AS A CONSEQUENCE OF)	
26p DUE TO (OR AS A CONSEQUENCE OF)		26p DUE TO (OR AS A CONSEQUENCE OF)				26p DUE TO (OR AS A CONSEQUENCE OF)	
26q DUE TO (OR AS A CONSEQUENCE OF)		26q DUE TO (OR AS A CONSEQUENCE OF)				26q DUE TO (OR AS A CONSEQUENCE OF)	
26r DUE TO (OR AS A CONSEQUENCE OF)		26r DUE TO (OR AS A CONSEQUENCE OF)				26r DUE TO (OR AS A CONSEQUENCE OF)	
26s DUE TO (OR AS A CONSEQUENCE OF)		26s DUE TO (OR AS A CONSEQUENCE OF)				26s DUE TO (OR AS A CONSEQUENCE OF)	
26t DUE TO (OR AS A CONSEQUENCE OF)		26t DUE TO (OR AS A CONSEQUENCE OF)				26t DUE TO (OR AS A CONSEQUENCE OF)	
26u DUE TO (OR AS A CONSEQUENCE OF)		26u DUE TO (OR AS A CONSEQUENCE OF)				26u DUE TO (OR AS A CONSEQUENCE OF)	
26v DUE TO (OR AS A CONSEQUENCE OF)		26v DUE TO (OR AS A CONSEQUENCE OF)				26v DUE TO (OR AS A CONSEQUENCE OF)	
26w DUE TO (OR AS A CONSEQUENCE OF)		26w DUE TO (OR AS A CONSEQUENCE OF)				26w DUE TO (OR AS A CONSEQUENCE OF)	
26x DUE TO (OR AS A CONSEQUENCE OF)		26x DUE TO (OR AS A CONSEQUENCE OF)				26x DUE TO (OR AS A CONSEQUENCE OF)	
26y DUE TO (OR AS A CONSEQUENCE OF)		26y DUE TO (OR AS A CONSEQUENCE OF)				26y DUE TO (OR AS A CONSEQUENCE OF)	
26z DUE TO (OR AS A CONSEQUENCE OF)		26z DUE TO (OR AS A CONSEQUENCE OF)				26z DUE TO (OR AS A CONSEQUENCE OF)	
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) <b>no</b>		28c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>no</b>	
29a CERTIFYING PHYSICIAN (Check only one) <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER		29b SIGNATURE AND TITLE OF CERTIFIER <i>Carl Johnson</i> <b>HEALTH OFFICER</b>		29c MEDICAL LICENSE NO. <b>35134</b>		29d DATE SIGNED (Month, Day, Year) <b>7/30/90</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Carl Johnson, M.D., 297 Franciscan Drive, Suite 207, Crown Point, IN 46307</b>		31 HEALTH OFFICER'S SIGNATURE <i>Carl Johnson</i> <b>CARL COUNTY HEALTH COMMISSIONER</b>		31 DATE FILED (Month, Day, Year) <b>July 30, 1991</b>		31 DATE FILED (Month, Day, Year) <b>July 30, 1991</b>	
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 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.					

DECEDENT

PARENTS

INFORMANT

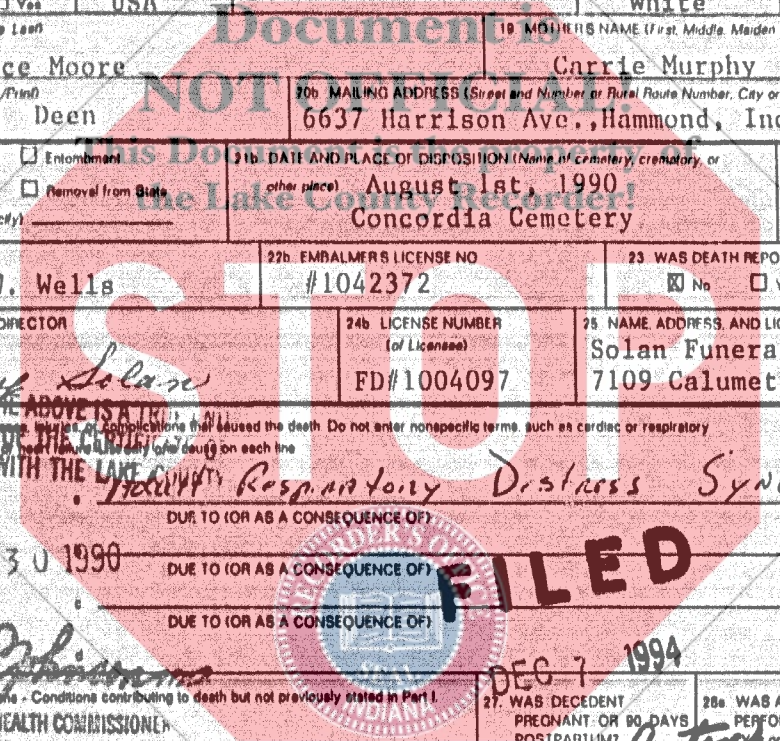
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



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