

→ Thomas Kirsch, 131 Ridge Rd., Munster 46321

ATTENTION STATE: 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

13-506-5

Local No. 2122-94

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

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| 1 DECEASED—NAME (First Middle Last) MARGARET J. CLARK | | 2 SEX FEMALE | 3a TIME OF DEATH 5:10 P.M. | 3b DATE OF DEATH (Month Day Yr) SEPTEMBER 4, 1994 |
| 4 SOCIAL SECURITY NUMBER 345-26-7427 | 5a AGE—Last Birthday (Years) 85 | 5b UNDER 1 YEAR Months Days Hours Minutes | 6 DATE OF BIRTH (Mo Day Yr) April 17, 1909 | 7 BIRTHPLACE (City and State or Foreign Country) McKee's Rocks, PA. |
| 8a WAS DECEDENT A US VETERAN? No | 8b YEAR LAST SERVED IN US ARMED FORCES? NONE | 9a PLACE OF DEATH (Check only one. See instructions) <input checked="" 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 type="checkbox"/> Residence | | |

DECEDENT

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| 9b FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL | 9c CITY TOWN OR LOCATION OF DEATH MUNSTER | 9d COUNTY OF DEATH LAKE |
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| 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 |
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| 13a RESIDENCE—STATE Indiana | 13b COUNTY Lake | 13c CITY TOWN OR LOCATION Hammond | 13d STREET AND NUMBER 7327 Jefferson Street |
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| 13e ZIP CODE 46324 | 13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" 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 degree completed) (Elementary/Secondary (9-12) High (11-12 or 13+)) 8 |
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PARENTS

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| 18 FATHER'S NAME (First Middle Last) Charles Shanta | 19 MOTHER'S NAME (First Middle Maiden Surname) Theresa Neubauer |
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INFORMANT

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| 20a INFORMANT'S NAME (Type/Print) Jacquelyn Shanta | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1963 S. Park, Schererville, IN. 46375 | 20c Relationship Daughter |
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DISPOSITION

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| 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) September 7, 1994 Elmwood Cemetery | 21c LOCATION—City or Town, State Hammond, Indiana |
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| 22a EMBALMER'S NAME James Porras | 22b EMBALMER'S LICENSE NO. 1045964 | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i> | 24b LICENSE NUMBER (of Licensee) 1045184 | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home 8415 Calumet Avenue Munster, Indiana |
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CAUSE OF DEATH

26 PART I Enter the disease, injury, or conditions 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)
Acute Myocardial Infarction

DUE TO (OR AS A CONSEQUENCE OF)

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE FIRST

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

DEC 15 1994

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| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I SEP 07 1994 | 27 WAS DECEDENT PREGNANT AT TIME OF DEATH? (Yes or no) NO | 28 WAS AN AUTOPSY PERFORMED? (Yes or no) NO | 29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DEATH? (Yes or no) NO |
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CERTIFIER

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| 29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN On the basis 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"/> LAKE COUNTY HEALTH DEPT. 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. |
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| 29b SIGNATURE AND TITLE OF CERTIFIER <i>Alexander S. Williams</i> | 29c MEDICAL LICENSE NO. 31764 | 29d DATE SIGNED (Month, Day, Year) SEPTEMBER 4, 1994 |
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HEALTH OFFICER

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| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print) DR. S. N. MAKAM, M. D. 9122 COLUMBIA AVENUE MUNSTER, INDIANA 46321 |
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| 31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i> | 32 DATE FILED (Month, Day, Year) September 7, 1994 |
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| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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) | | |

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| 34g DATE PRONOUNCED DEAD (Month, Day, Year) | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 000540 |
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
SEP 16 AM 9:20
SARJUEL ORUOH
RECORDER