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

Ward + Donaldson

Pt SE NE S.29 T.34 R.9 10.50AC Key #24-17-9

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2878-94

State No. Unit #30

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First Middle Last): Jane Duan Watt
2. SEX: Female
3a. TIME OF DEATH: 1:31P.M.
3b. DATE OF DEATH (Month Day Yr): November 5, 1994
4. SOCIAL SECURITY NUMBER: 314-18-3575
5a. AGE—Last Birthday (Years): 73
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo. Day Yr): May 22, 1921
7. BIRTHPLACE (City and State or Foreign Country): Cedar Lake, Indiana
8a. WAS DECEDENT A U.S. 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): St. Margaret Mercy Hospital
9c. CITY, TOWN OR LOCATION OF DEATH: Dyer
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): James Watt
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Secretary
12b. KIND OF BUSINESS/INDUSTRY: Government Office
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: St. John
13d. STREET AND NUMBER: 10911 West 108th Street
13e. ZIP CODE: 46373
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? ☒ No ☐ 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 grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

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PARENTS

18. FATHER'S NAME (First Middle Last): Monte Biesecker
19. MOTHER'S NAME (First Middle Maiden Surname): Ila Glen Brannock

INFORMANT

20a. INFORMANT'S NAME (Type/Print): James Watt
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 10911 W. 108 St. St. John, Indiana 46373
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 8, 1994 German Methodist Cemetery
21c. LOCATION—City or Town, State: Cedar Lake, Indiana
22a. EMBALMER'S NAME: Fred Oparka
22b. EMBALMER'S LICENSE NO.: FD01016076
23. WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Fred Oparka
24b. LICENSE NUMBER (of Licensee): FD01016076
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Eller Brady Funeral Home, Inc. FH83000825 Cedar Lake, Indiana 46303

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): Massive blunt force injuries — Approximate Interval Between Onset and Death: Unknown
DUE TO (OR AS A CONSEQUENCE OF):
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions — Conditions contributing to death but not previously stated in Part I:
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. AUTOPSY PERFORMED? (Yes or no): Yes
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): Yes

THIS CERTIFIES THIS AS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. JUN 27 1995
Alexander S. Williams, M.D.
LAKE COUNTY HEALTH COMMISSIONER

Pt NW S.8 T.34 R.8 0.40AC Key#9-334-11 unit #23

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. Deputy
29b. SIGNATURE AND TITLE OF CERTIFIER: Kathy Philpot
29c. MEDICAL LICENSE NO.: N/A
29d. DATE SIGNED (Month Day Year): November 9, 1994
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Kathy Philpot, Deputy Coroner, 2293 North Main Street, CrownPoint, Indiana 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams M.D.
32. DATE FILED (Month Day Year): November 9, 1994
33. MANNER OF DEATH: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month Day Year): Nov.5, 1994
34b. TIME OF INJURY: Unknown
34c. INJURY AT WORK? (Yes or no): NO
34d. DESCRIBE HOW INJURY OCCURRED: Auto /Pick-up Truck
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): Highway
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 9200 block of U.S. 41 St. John, Indiana
34g. DATE PRONOUNCED DEAD (Month Day Year): November 5, 1994
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.: Yes Driver

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

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 95 JUL -6 AM 10:11 MARGARET ... RECORDER

FILED JUN 28 1995 SAM ORLICH AUDITOR LAKE COUNTY