ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1442-95 State No.

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): Imogene Barnett
2 SEX: Female
3a TIME OF DEATH: 9:00 PM
3b DATE OF DEATH (Month Day Yr): June 26, 1995
4 SOCIAL SECURITY NUMBER: 344-10-0096
5a AGE—Last Birthday (Years): 82
5b UNDER 1 YEAR (Months, Days):
5c UNDER 1 DAY (Hours, Minutes):
6 DATE OF BIRTH (Mo. Day Yr): Sep. 23, 1912
7 BIRTHPLACE (City and State or Foreign Country): St. Francisville, IL.
8a WAS DECEDENT A U.S. VETERAN?: NO
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
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
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Eldon Barnett
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Home Maker
12b KIND OF BUSINESS/INDUSTRY: Own Home
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Hammond
13d STREET AND NUMBER: 2845 Cleveland
13e ZIP CODE: 46320
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+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Royce Lane
19 MOTHER'S NAME (First, Middle, Maiden Surname): Edith Tapley

INFORMANT

20a INFORMANT'S NAME (Type/Print): Eldon Barnett
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2845 Cleveland Hammond, Indiana
20c Relationship: Husband

DISPOSITION

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): June 29, 1995 Chapel Lawn Cemetery
21c LOCATION—City or Town, State: Schererville, Indiana
22a EMBALMER'S NAME: Ronald A. Reed
22b EMBALMER'S LICENSE NO.: FDO 1001081
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): FDO 1014511
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FG8300??5000

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): a. myocardial insufficiency
DUE TO (OR AS A CONSEQUENCE OF): b. cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF): c. coronary artery disease
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to the immediate cause. Enter the underlying cause last.

Approximate Interval Between Onset and Death:

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

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):

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.

29b SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c MEDICAL LICENSE NO.: 01018389
29d DATE SIGNED (Month Day Year): 6/27/95
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 3641 Ridge Road, Highland IN 46322

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Elizabeth D. Williams M.D.
32 DATE FILED (Month, Day, Year): June 29, 1995

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.

Stamps: THIS CERTIFICATE IS A COMPLETE COPY OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. JUN 29 1995. FILED JUL 6 1995 — SAM ORLICH AUDITOR LAKE COUNTY. STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 95 JUL 6 AM 11:29 MARGARET C. BELLAND RECORDER. 95037805. 000295.

Margin handwriting: Key 36-35-19 Jensen Mogan Park 5 ft of Lots 19 & 5 E ½ of SE ¼ ... 900

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