Donald R. O'Dell
P.O. Box 128
707 E. Commercial Ave.
Lowell, In. 46356

* 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. 1530-97 State No.

204917

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

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| Field | Entry |
|---|---|
| 1 DECEASED—NAME (First, Middle, Last) | Betty A. Coppage |
| 2. SEX | Female |
| 3a TIME OF DEATH | 9:42 P.M |
| 3b DATE OF DEATH (Month, Day, Yr) | July 22, 1997 |
| 4. *SOCIAL SECURITY NUMBER | 310-14-2868 |
| 5a AGE—Last Birthday (Years) | 74 |
| 5b UNDER 1 YEAR (Months, Days) | |
| 5c UNDER 1 DAY (Hours, Minutes) | |
| 6 DATE OF BIRTH (Mo, Day, Yr) | Sep. 26, 1922 |
| 7 BIRTHPLACE (City and State or Foreign Country) | Griffith, Indiana |
| 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 ☐ Other (Specify) ☒ Residence |
| 9b FACILITY NAME (If not institution, give street and number) | 128 N. Raymond |
| 9c CITY, TOWN, OR LOCATION OF DEATH | Griffith |
| 9d COUNTY OF DEATH | Lake |
| 10 MARITAL STATUS (Specify) | Married |
| 11 SURVIVING SPOUSE (If wife, give maiden name) | Harold Coppage |
| 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 | griffith |
| 13d STREET AND NUMBER | 128 N. Raymond |
| 13e ZIP CODE | 46319 |
| 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? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | ☒ No ☐ Yes |
| 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**

| Field | Entry |
|---|---|
| 18 FATHER'S NAME (First, Middle, Last) | Frank Kistler |
| 19 MOTHER'S NAME (First, Middle, Maiden Surname) | Dollie Brooke |

**INFORMANT**

| Field | Entry |
|---|---|
| 20a INFORMANT'S NAME (Type/Print) | Harold Coppage |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 128 N. Raymond Griffith, Indiana |
| 20c Relationship | Husband |

**DISPOSITION**

| Field | Entry |
|---|---|
| 21a METHOD OF DISPOSITION | ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify) |
| 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | July 25, 1997 Chapel Lawn Cemetery |
| 21c LOCATION—City or Town, State | Schererville, Indiana |
| 22a EMBALMER'S NAME | Edgar Gleim |
| 22b EMBALMER'S LICENSE NO | FDO 1016173 |
| 23 WAS DEATH REPORTED TO CORONER? | ☒ No ☐ Yes |
| 24a SIGNATURE OF FUNERAL DIRECTOR | James E. Iacanin (signature) |
| 24b LICENSE NUMBER (of Licensee) | FDO 1010850 |
| 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME | Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FH83007500 |

**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... List only one cause on each line

| | Cause | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) a | CARCINOMA of BREAST WITH METASTASES | 12 YRS |
| b | DUE TO (OR AS A CONSEQUENCE OF) | |
| c | DUE TO (OR AS A CONSEQUENCE OF) | |
| d | DUE TO (OR AS A CONSEQUENCE OF) | |

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

| 27 WAS DECEDENT PREGNANT OR POSTPARTUM? | 28a WAS AN AUTOPSY PERFORMED? | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|
| NO | NO | No |

THIS CERTIFIES THE ABOVE TO BE A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

JUL 25 1997

Alexander S. Williams, M.D.

LAKE COUNTY HEALTH COMMISSIONER

FILED

NOV 18 1997

SAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

1997 NOV 18 9:52

MORRIS W. CARTER
RECORDER

**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 | 29c MEDICAL LICENSE NO | 29d DATE SIGNED (Month, Day, Year) |
|---|---|---|
| (signature) | 01030107 | 7-24-97 |

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
B. H. Barai 125 E 89th Ave Merrillville Ind 46410

**HEALTH OFFICER**

| 31 HEALTH OFFICER'S SIGNATURE | 32 DATE FILED (Month, Day, Year) |
|---|---|
| Alexander S. Williams, M.D. | July 25, 1997 |

| 33 MANNER OF DEATH | 34a DATE OF INJURY (Month, Day, Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 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. |
|---|---|
| | |

001113

9.00 pd 3262

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