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2095-93

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

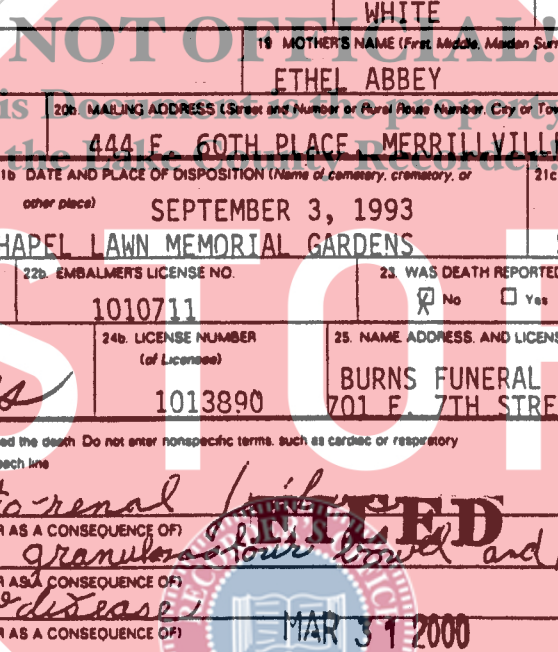
State No.

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

PRINT
NEXT
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1 DECEASED—NAME (First, Middle, Last) DOROTHY E. HENDERSON		2 SEX FEMALE	3a TIME OF DEATH 10:30 AM	3b DATE OF DEATH (Month, Day, Yr) AUGUST 31, 1993
4 SOCIAL SECURITY NUMBER 309-30-3797	5a AGE—Last Birthday (Years) 61	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) APRIL 22, 1932
7 BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA	8a WAS DECEDENT A U.S. VETERAN? YES	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1952	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a FACILITY NAME (If not institution, give street and number) METHODIST HOSPITAL-SOUTHLAKE		9c CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) JOHN P. HENDERSON	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) REGISTERED NURSE	12b KIND OF BUSINESS/INDUSTRY METHODIST HOSP.-SOUTHLAKE	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN, OR LOCATION MERRILLVILLE	13d STREET AND NUMBER 444 E. 60th PLACE	
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input 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 grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) RAY A. MATTHEWS		
19 MOTHER'S NAME (First, Middle, Maiden Surname) ETHEL ABBEY		20a INFORMANT'S NAME (Type/Print) JOHN P. HENDERSON		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 444 E. 60th PLACE, MERRILLVILLE, IN. 46410		20c Relationship HUSBAND		
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 3, 1993 CHAPEL LAWN MEMORIAL GARDENS		21c LOCATION—City or Town, State SCHERERVILLE, INDIANA	
22a EMBALMER'S NAME GORDON L. JONES		22b EMBALMER'S LICENSE NO. 1010711		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Gordon L. Jones</i>		24b LICENSE NUMBER (of Licensee) 1013890		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FDH#83002380 701 E. 7TH STREET, HOBART, IN. 46342
26 PART I. Enter the disease, 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. Hepato-renal failure DUE TO (OR AS A CONSEQUENCE OF) HEPATIC FAILURE b. Chronic granulocytosis DUE TO (OR AS A CONSEQUENCE OF) leukemia c. myeloid disease DUE TO (OR AS A CONSEQUENCE OF) leukemia d. Chronic lung disease e. Recurrent septicemia				Approximate Interval Between Onset and Death 3 1/2
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Chronic lung disease Recurrent septicemia				27 RESIDENT OF STATE (Yes or no) NO
28a AS AN AUTOPSY PERFORMED? NO				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best 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"/> 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 <i>M. B. Beuter MD</i>			29c MEDICAL LICENSE NO. 17667 Ind.	29d DATE SIGNED (Month, Day, Year) 10-7-93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) R. R. BARTON, M.D., 6101 MILLER AVENUE, GARY, INDIANA 46403 (938-3274)				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32 DATE FILED (Month, Day, Year) 12, 1993
THIS CERTIFIES THE ABOVE INFORMATION IS A COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT MAY 08 1997				
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d LOCATION (Street and Number or Rural Route Number, City or Town, State) MAY 08 1997
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no. If yes specify driver, passenger, pedestrian, etc.) Alexander S. Williams, M.D. LAKE COUNTY HEALTH COMMISSIONER		

Indiana State Department of Health



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STATE OF INDIANA
FILED
MAY 11 1993
INDIANA

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Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this March 2000 before me personally appeared John P.
(insert date)

Henderson

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is Owner;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Affiant and Dorothy E. Henderson;
4. Said Dorothy E. Henderson
(fill in name of co-tenant who died)
died on August 31, 1993
leaving No will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:
Lots 47, 49, and 51 in Andrew Melin's Fairfield Add to Hobart as per plat thereof recorded in Plat Bk 8 page 21, in the Office of Recorder, Lake County, Indiana.

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

FILED

MAR 31 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

2373

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

(If answer is "Yes," identify the divorce proceedings:

8. Affiant's relationship to the deceased was surviving spouse

Signature: *John P. Henderson*

Printed Name John P. Henderson

Address: 3840 Hastings

Portage, IN 46368

This Document is the property of
the Lake County Recorder!

Subscribed and sworn to before me by the affiant

this March 24, 2008
(insert date)

Penny Bizoukas
Notary Public

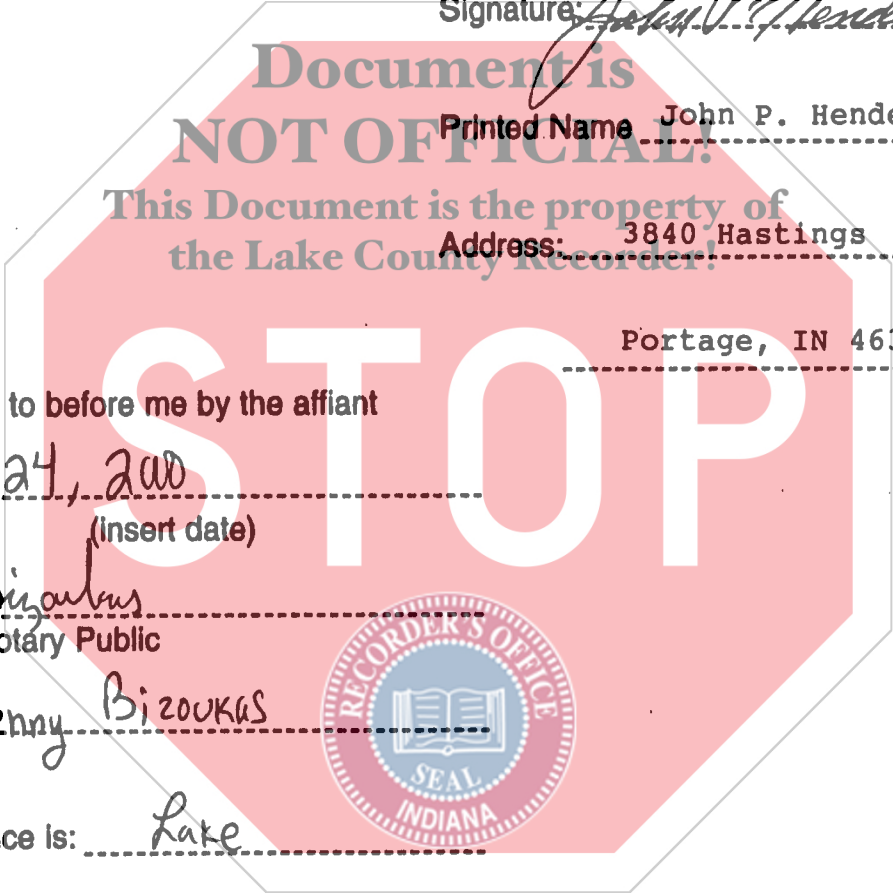
Printed Name Penny Bizoukas

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 2-7-08

This instrument prepared by William Theodoros, Attorney at Law
Theodoros & Rooth, P.C.
8750 Broadway, Suite A
Merrillville, IN 46410



7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

(If answer is "Yes," identify the divorce proceedings:

8. Affiant's relationship to the deceased was surviving spouse

Signature: John P. Henderson

Printed Name John P. Henderson

Address: 3840 Hastings

Portage, IN 46368

Document is NOT OFFICIAL

This Document is the property of the Lake County Recorder!

STOP



Subscribed and sworn to before me by the affiant

this March 24, 2008
(Insert date)

Penny Bizoukas
Notary Public

Printed Name Penny Bizoukas

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 2-7-08

This instrument prepared by William Theodoros, Attorney at Law
Theodoros & Rooth, P.C.
8750 Broadway, Suite A
Merrillville, IN 46410