

* 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

State No.

Local No.

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

STATE OF INDIANA
LAKE COUNTY

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First Middle Last) LUELLA I. APPLETON				2 SEX FILED Female		3a TIME OF DEATH 8:20 A		3b DATE OF DEATH (Month Day Yr) June 16, 1999	
4 SOCIAL SECURITY NUMBER 313-52-6873		5a AGE—Last Birthday 2000		5b UNDER 1 YEAR 029161		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo Day Yr) 2000 MAY 15 1912	
7 BIRTH PLACE (City and State or Foreign Country) Ross Township, Indiana		8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? -----		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> MORRIS W. GATHEM (Specify)			
9b FACILITY NAME (If not institution give street and number) St. Anthony Home - Skilled Care				9c CITY TOWN OR LOCATION OF DEATH Crown Point		9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Widowed		11 SURVIVING SPOUSE (If wife give maiden name) -----		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 Merrillville		13d STREET AND NUMBER 7812 Marshall Street			
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 (10 12) College (1 4 or 5 +) 12		18 FATHER'S NAME (First Middle Last) Frank Bothwell				19 MOTHER'S NAME (First Middle Maiden Surname) Ethel Burge			
20a INFORMANT'S NAME (Type Print) Lois Lewis				20b MAILING ADDRESS (Street and Number or Rte. Route Number City or Town State Zip Code) 7812 Marshall Street, Merrillville, Indiana 46410				20c Relationship Daughter	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) June 19, 1999 Calumet Park Cemetery				21c LOCATION—City or Town State Merrillville, Indiana			
22a EMBALMER'S NAME Ronald J. Mesarch				22b EMBALMER'S LICENSE NO. FD01005912		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ronald J. Mesarch</i>				24b LICENSE NUMBER (of Licensee) FD01005912		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. #FH83007762 7905 Broadway, Merrillville, IN 46410			
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. Approximate Interval Between Onset and Death									
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Myocardial infarction</i> DUE TO (OR AS A CONSEQUENCE OF) FILED									
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 Conditions contributing to death but not previously stated in Part I									
27 WAS DECEDENT PREGNANT OR 30 OR POSTPARTUM? (Yes or no) No				28 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DETERMINATION OF CAUSE OF DEATH? (Yes or no) No		RETER BENJAMIN LAKE COUNTY AUDITOR			
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 an 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>[Signature]</i>						29c MEDICAL LICENSE NO. 01035302		29d DATE SIGNED (Month Day Year) 6/17/99	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print) Bernardo S. Lucena, M.D., 1121 S. Indiana Avenue, Crown Point, Indiana 46307									
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>						32 DATE FILED (Month Day Year) 6/18/99			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		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 Rte. Route Number City or Town State) 9015 9:00 PM 7A							
34g DATE PRONOUNCED DEAD (Month Day Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc					

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