

\* 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 OF INDIANA State No. ....

Local No. 460-98.....

269876

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

LAKE COUNTY FILED FOR RECORD

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1 DECEASED—NAME (First Middle Last) <b>Fern Whriters</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>12:07A</b>	3b DATE OF DEATH (Month Day Yr) <b>December 25, 1998</b>
4 SOCIAL SECURITY NUMBER <b>341-07-3935</b>	5a AGE (Year) <b>82</b>	5b UNDER 1 DAY <b>03/25/95</b>	6 DATE OF BIRTH (MM Day Yr) <b>JUL 30, 1916</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL.</b>
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> <b>Residence</b> <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) <b>St. Anthony Medical Center</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>	9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>William Whriters</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Order Clerk</b>	12b KIND OF BUSINESS/INDUSTRY <b>Telephone</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Cedar Lake</b>	13d STREET AND NUMBER <b>14515 Bryan St.</b>	
13e ZIP CODE <b>46303</b>	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) <b>Arthur W. Larson</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Harriet Hutchins</b>		20a INFORMANT'S NAME (Type/Print) <b>William Whriters</b>		
20b MAILING ADDRESS (Street and Number, or Rural Route Number, City or Town, State, Zip Code) <b>14515 Bryan St., Cedar Lake, IN 46303</b>		20c Relationship <b>Husband</b>		
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) <b>DEC 29, 1998 Calumet Park Cemetery</b>		21c LOCATION—City or Town, State <b>Merrillville, Indiana</b>
22a EMBALMER'S NAME <b>Edgar Gleim</b>		22b EMBALMER'S LICENSE NO. <b>FD01016173</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry Geisen</i>		24b LICENSE NUMBER (of Licensee) <b>FD09000013</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home, Inc. 109 N East St, Crown Point, IN 46307</b>	
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) <b>Breast Cancer</b>				
DUE TO (OR AS A CONSEQUENCE OF)				
CONDITIONS if any, which gave rise to the immediate cause, stating the underlying cause last				
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28 WAS AN AUTOPTOBY PERFORMED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		29 WERE AUTOPTOBY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>
29a CERTIFIER (Check only one) <input 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>[Signature]</i>		29c MEDICAL LICENSE NO. <b>01027933</b>	29d DATE SIGNED (Month Day Year) <b>12/29/98</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Shreyas A. Desai M.D., 1400 Broadway, Gary, IN 46407</b>				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32 DATE FILED (Month Day Year) <b>12/29/98</b>		
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 <b>HEALTH DEPT</b>
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>82314</b>		34f LOCATION (Street and Number, or Rural Route Number, City or Town, State) <b>3813</b>		
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no). If yes specify driver, passenger, pedestrian, etc. <b>NO</b>		

Donald R. O'Dell  
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