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* 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. 23-142-78

Local No. 172-98

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

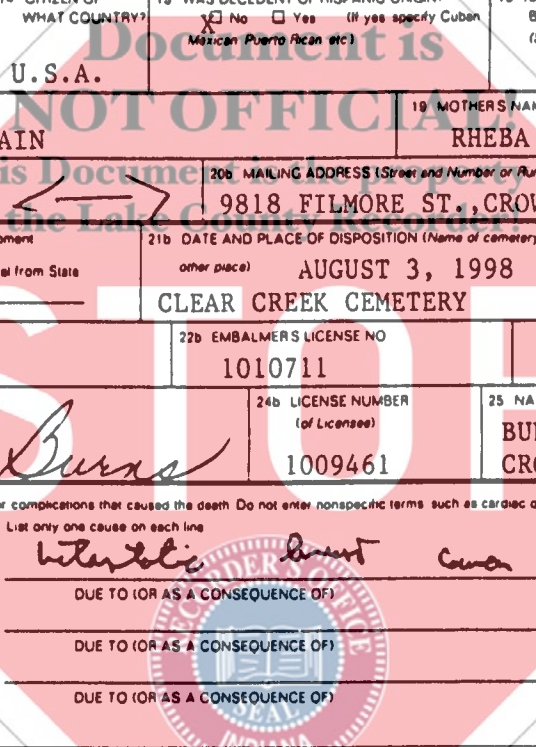
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) ANNA LOUISE ESTEP		2 SEX FEMALE	3a TIME OF DEATH 1:45 A M	3b DATE OF DEATH (Month Day Yr) JULY 30, 1998
4 *SOCIAL SECURITY NUMBER 315-16-8085	5a AGE—Last Birthday (Years) 75	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) AUGUST 14, 1922
7 BIRTHPLACE (City and State or Foreign Country) BLOOMINGTON, INDIANA	8a WAS DECEDENT A US VETERAN? NO			
8b YEAR LAST SERVED IN US ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) 9818 FILMORE STREET		9c CITY TOWN OR LOCATION OF DEATH CROWN POINT	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) JOHNEY ESTEP	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SECRETARY		12b KIND OF BUSINESS/INDUSTRY U.S. STEEL GARY WORKS
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY TOWN OR LOCATION CROWN POINT		13d STREET AND NUMBER 9818 FILMORE STREET
13e ZIP CODE 46307	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
17a DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (14 or 5+)		18 FATHER'S NAME (First Middle Last) CLARENCE C. STRAIN		
19 MOTHER'S NAME (First Middle Maiden Surname) RHEBA SMILEY		20a INFORMANT'S NAME (Type, Print) JOHNEY ESTEP		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9818 FILMORE ST., CROWN POINT, IN 46307		20c Relationship HUSBAND		
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) AUGUST 3, 1998 CLEAR CREEK CEMETERY		21c LOCATION—City or Town, State BLOOMINGTON INDIANA
22a EMBALMERS NAME GORDON L. JONES		22b EMBALMERS LICENSE NO 1010711		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>James E Burns</i>		24b LICENSE NUMBER (of Licensee) 1009461		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME, 10101 BROADWAY CROWN POINT, IN. 46307 FDH83002445
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 Intestinal diverticulum		1 year
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 Brain Tumor				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28 WAS AN AUTOPSY PERFORMED? (Yes or no) NO		29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
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 stated 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) as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>W. F. Ogry</i>		29c PHYSICIAN LICENSE NO 30222		29d DATE SIGNED (Month Day Year) 7/31/98
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) DR. WILLIAM FORGEY, 109 E. 89TH, MERRILLVILLE, INDIANA				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32 DATE FILED (Month Day Year) August 3, 1998
33 MANNER OF INJURY <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)	33d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)		34b LOCATION (Street and Number or Rural Route Number, City or Town, State) 00140		
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc		



FILED
30/2/2008
PETER BENJAMIN
LAKE COUNTY CLERK

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