* **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. 516-00 State No. .....

393107

TYPE/PRINT IN PERMANENT BLACK INK

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

DECEDENT

| 1 DECEASED—NAME (First, Middle, Last) | | 2 SEX | 3a TIME OF DEATH | 3b DATE OF DEATH (Month Day Yr) |
|---|---|---|---|---|
| Margaret | Moes | Female | 8:22 P M | February 24, 2000 |

| 4 *SOCIAL SECURITY NUMBER | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo. Day. Yr) | 7 BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 345-05-1390 | 86 | | | Jul. 20, 1913 | Schererville, Indiana |

| 8a WAS DECEDENT A U.S. VETERAN? | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a PLACE OF DEATH (Check only one See instructions) |
|---|---|---|
| No | N/A | HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence |

| 9b FACILITY NAME (If not institution, give street and number) | 9c CITY TOWN OR LOCATION OF DEATH | 9d COUNTY OF DEATH |
|---|---|---|
| The Community Hospital | Munster | Lake |

| 10 MARITAL STATUS (Specify) | 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) | 12b KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Widow | N/A | Home Maker | Own Home |

| 13a RESIDENCE—STATE | 13b COUNTY | 13c CITY TOWN OR LOCATION | 13d STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Highland | 3102 Lincoln St. |

| 13e ZIP CODE | 13f INSIDE CITY LIMITS | 14 CITIZEN OF WHAT COUNTRY? | 15 WAS DECEDENT OF HISPANIC ORIGIN? | 16 RACE—American Indian Black White etc (Specify) | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|---|---|---|
| | | | | | Elementary/Secondary (0-12) | College (1-4 or 5 +) |
| 46322 | ☐ No ☒ Yes | U.S.A. | ☒ No ☐ Yes (If yes specify Cuban Mexican Puerto Rican etc) | White | 8 | |
| | 13g ON A FARM? ☒ No ☐ Yes | | | | | |

PARENTS

| 18 FATHER'S NAME (First, Middle, Last) | 19 MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| Gerrit Van Prooyen | Martha De Maar |

INFORMANT

| 20a INFORMANT'S NAME (Type/Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) | 20c Relationship |
|---|---|---|
| Roger A. Moes | 9761 Acorn Dr., St. John, Indiana 46373 | Son |

DISPOSITION

| 21a METHOD OF DISPOSITION | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) | 21c LOCATION—City or Town State |
|---|---|---|
| ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) | February 28, 2000 Hope Cemetery | Highland, Indiana |

| 22a EMBALMER'S NAME | 22b EMBALMER'S LICENSE NO | 23 WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| David R. Peterson | FDO 8601585 | ☒ No ☐ Yes |

| 24a SIGNATURE OF FUNERAL DIRECTOR | 24b LICENSE NUMBER (of Licensee) | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| D. Kuiper | FDO 1014511 | Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322; FH 83007500 |

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 shock or heart failure in this item Enter only one cause on each line

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a Heart Failure | |
| DUE TO (OR AS A CONSEQUENCE OF) | b | |
| DUE TO (OR AS A CONSEQUENCE OF) | c | |
| DUE TO (OR AS A CONSEQUENCE OF) | d | |

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 resulting in the cause previously stated in Part I

| 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) | AUTOPSY PERFORMED? (Yes or no) | AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|
| No | Yes | No |

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) |
|---|---|---|
| Dr. George | 01031470 | 2/28/2000 |

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
7905 Columbia Ave. Munster Ind. 46321 - DR. GEORGE

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander S. Dillman MD

32 DATE FILED (Month Day Year): February 28, 2000

| 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 |
|---|---|
| | |

32194



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