

* 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. 0153-00

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) Clair Joseph Denault		2 SEX (M/F) Male	3a TIME OF DEATH 12:18P	3b DATE OF DEATH (Month Day Yr) January 18, 2000
4 SOCIAL SECURITY NUMBER 502-36-2932	5a AGE last birthday (Years) 66	5b UNDER 1 YEAR Months Day Yr	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) May 18, 1933
7 BIRTHPLACE (City and State or Foreign Country) Olga, North Dakota	8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1956	
9a PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input checked="" type="checkbox"/> HOME <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b FACILITY NAME (If not institution, give street and number) 3947 Wright Street		9c CITY TOWN OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Dorothy Dearinger	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Iron Work		12b KIND OF BUSINESS/INDUSTRY Union
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary (CROWN TOWN SHIP)	13d STREET AND NUMBER 3947 Wright	
13e ZIP CODE 46408	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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) 7 College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) Clarence Denault		
19 MOTHER'S NAME (First Middle Maiden Surname) Florence Villanueva		20a INFORMANT'S NAME (Type/Print) Dorothy A. Denault		
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 3947 Wright, Gary, Indiana 46408		20c Relationship Wife		
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) January 24, 2000 Union Cemetery		21c LOCATION—City or Town State Osnbrock, North Dakota
22a EMBALMER'S NAME Edgar C. Gleim		22b EMBALMER'S LICENSE NO FDO 1016173		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDO 1014511		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 83007500
26 PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory. THIS CERTIFICATE IS THE PROPERTY OF THE LAKE COUNTY HEALTH COMMISSIONER. COMPLETE COPY OF THE CERTIFICATE OF DEATH IS TO BE FILED WITH THE LAKE COUNTY HEALTH COMMISSIONER.				Approximate Interval Between Onset and Death Unknown
IMMEDIATE CAUSE OF DEATH (disease or condition resulting in death) Due to arteriosclerotic heart and vascular disease				
Conditions if any which gave rise to the immediate cause stating the underlying cause last JAN 19 2000				
PART II Other significant conditions contributing to death but not previously stated in Part I Alexander Williams MD LAKE COUNTY HEALTH COMMISSIONER				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/>
29a CERTIFIER (Check only one) Deputy		<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 checked="" 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 N/A		29d DATE SIGNED (Month Day Year) January 19, 2000
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day Year) January 19, 2000
33 MANNER OF DEATH <input checked="" 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 Rural Route Number City or Town State)				
34g DATE PRONOUNCED DEAD (Month Day Year) January 18, 2000		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc		

CASH 9.00

25X