2000 - 072936

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

Local No. 2241-00

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 18-184-16

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1. DECEASED-NAME (First Middle Last): CAROLYN ANN MacNEIL
- 2. SEX: Female
- 3a. TIME OF DEATH: 3:45AM
- 3b. DATE OF DEATH (Month Day Yr): September 30, 2000
- 4. SOCIAL SECURITY NUMBER: 312-16-4804
- 5a. AGE - Last Birthday (Years): 82
- 5b. UNDER 1 YEAR: Months / Days
- 5c. UNDER 1 DAY: Hours / Minutes
- 6. DATE OF BIRTH (Mo Day Yr): June 28, 1918
- 7. BIRTHPLACE (City and State or Foreign Country): Hobart, Indiana
- 8a. WAS DECEDENT A U.S. VETERAN?: No
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES: N/A
- 9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)
- 9b. FACILITY NAME (If not institution, give street and number): Wittenberg Lutheran Home
- 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): NONE
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Cashier
- 12b. KIND OF BUSINESS INDUSTRY: Food Service
- 13a. RESIDENCE - STATE: Indiana
- 13b. COUNTY: Lake
- 13c. CITY TOWN OR LOCATION: Hobart
- 13d. STREET AND NUMBER: 47 N. Wisconsin Street
- 13e. ZIP CODE: 46342
- 13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
- 13g. ON A FARM?: ☒ No ☐ Yes
- 14. CITIZEN OF WHAT COUNTRY?: USA
- 15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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): 12; College (1-4 or 5+):

PARENTS

- 18. FATHER'S NAME (First, Middle, Last): Canute Floodquist
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): Anna Carlson

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): Crystal L. Jackson
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7345 Taney Place, Merrillville, IN 46410
- 20c. Relationship: Daughter

DISPOSITION

- 21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): October 3, 2000, Graceland Cemetery
- 21c. LOCATION - City or Town State: Valparaiso, Indiana
- 22a. EMBALMER'S NAME: James J. Krause
- 22b. EMBALMER'S LICENSE NO.: FDO1006463
- 23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: James J. Krause
- 24b. LICENSE NUMBER (of Licensee): FDO1006463
- 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: FH83003069, Rees Funeral Home, Inc., 600 W. Old Ridge Road, Hobart, IN 46342

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. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Lung Cancer	months
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 previously stated in Part I.
- 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): 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: R. Devanathan
- 29c. MEDICAL LICENSE NO: 01040141
- 29d. DATE SIGNED (Month Day Year): 10/2/00
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Raja Devanathan MD, 1600 S. Lake Park Avenue, Suite 1104, Hobart, IN 46342

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: Daryl L. Fatson, M.D.
- 32. DATE FILED (Month Day Year): October 2, 2000
- 33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
- 34a. DATE OF INJURY (Month Day Year):
- 34b. TIME OF INJURY:
- 34c. INJURY AT WORK? (Yes or no):
- 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.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

OCT 0 2 2000

FILED OCT 5 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2000 072936

00128 0056 9 Fld

State Form 10110-04 (R4 / 3-93) DEATHCERT 1

25 X 10

2000 072736

STATE OF INDIANA
LAKE COUNTY
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Initials