• 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.

Local No. 0686-00

265062

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First Middle Last)	MARLENE J. POLSON
2 SEX	FEMALE
3a TIME OF DEATH	6:20 AM
3b DATE OF DEATH (Month Day Yr)	MARCH 15, 2000
4 SOCIAL SECURITY NUMBER	321-26-6774
5a AGE—Last Birthday (Years)	67
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	OCTOBER 13, 1932
7 BIRTHPLACE (City and State or Foreign Country)	CHICAGO, ILLINOIS
8a WAS DECEDENT A U.S. VETERAN?	NO
8b YEAR LAST SERVED IN US ARMED FORCES?	NONE
9a PLACE OF DEATH (Check only one)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b FACILITY NAME (If not institution, give street and number)	531 JAMES WITTCHEN
9c CITY, TOWN OR LOCATION OF DEATH	SCHERERVILLE
9d COUNTY OF DEATH	LAKE
10 MARITAL STATUS (Specify)	MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name)	HARRY POLSON
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	HOMEMAKER
12b KIND OF BUSINESS/INDUSTRY	DOMESTIC
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN OR LOCATION	SCHERERVILLE
13d STREET AND NUMBER	531 JAMES WITTCHEN
13e ZIP CODE	46375
13f INSIDE CITY LIMITS	☐ No ☒ Yes
13g ON A FARM?	☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican etc)	☒ No ☐ Yes
16 RACE—American Indian, Black, White etc (Specify)	WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	JAMES PREGENT
19 MOTHER'S NAME (First Middle Maiden Surname)	JULIA PHILLIPS

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	HARRY POLSON
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	531 JAMES WITTCHEN SCHERERVILLE, IN. 46375
20c Relationship	HUSBAND

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	☐ Burial ☒ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	MARCH 18, 2000 N.W. INDIANA CREMATION SERVICE
21c LOCATION—City or Town, State	CROWN POINT, INDIANA
22a EMBALMER'S NAME	CHARLES WELLS
22b EMBALMER'S LICENSE NO	FDO1042372
23 WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b LICENSE NUMBER (of Licensee)	FDO1008300
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	LINCOLN RIDGE FUNERAL HOME 88800070 7607 W.LINCOLN HWY, CROWN POINT, IN. 4630?

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)	METASTATIC OVARIAN CANCER	4 months
DUE TO (OR AS A CONSEQUENCE OF)		
DUE TO (OR AS A CONSEQUENCE OF)		
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 contributing to death but not resulting in the underlying cause given in Part I

Field	Entry
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)	

Stamp: MAR 17 2000 — LAKE COUNTY HEALTH COMMISSIONER

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

FILED

29b SIGNATURE AND TITLE OF CERTIFIER [signature]

29c LICENSE NUMBER 01037582 — 29d DATE SIGNED (Month Day Year) 3-16-2K

OCT 10 2000

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) LYLE R. MANN MD 4321 FIR ST ... 46312

PETER BENJAMIN — LAKE COUNTY AUDITOR

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE [signature: Alexander S. Williams]

32 DATE FILED (Month Day Year) March 17, 2000

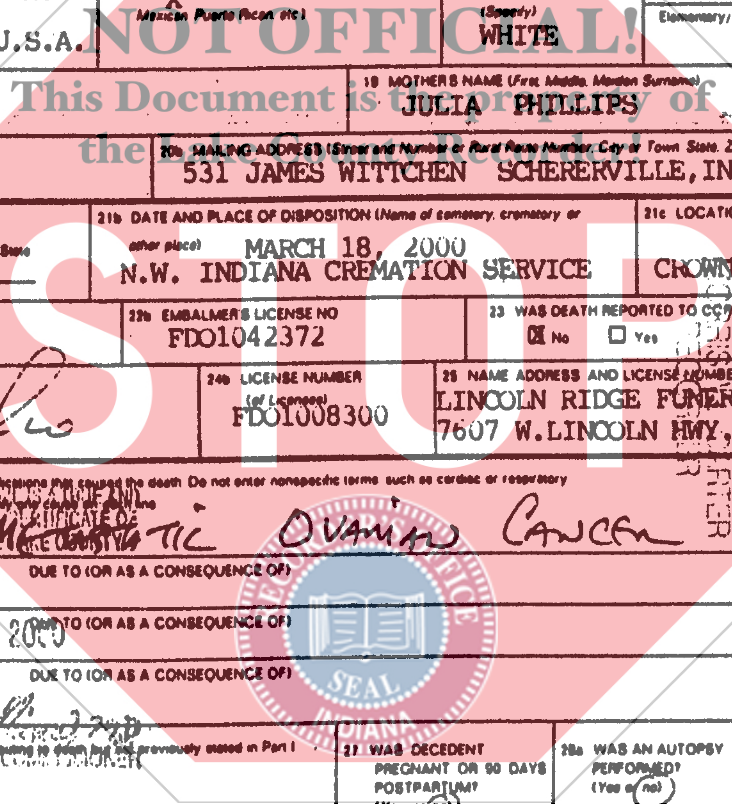
Field	Entry
33 MANNER OF DEATH	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a DATE OF INJURY (Month Day Year)	
34b TIME OF INJURY	
34c INJURY AT WORK? (Yes or no)	
34d DESCRIBE HOW INJURY OCCURRED	
34e PLACE OF INJURY—At home, farm, street, factory, office building etc (Specify)	
34f LOCATION (Street and Number or Rural Route, 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	

60677

739

9 TK

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