

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. 1478-01

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1 DECEASED-NAME (JANE H. LAUGHEAD), 2 SEX (FEMALE), 3a TIME OF DEATH (5:00a m), 3b DATE OF DEATH (June 29, 2001), 4 SOCIAL SECURITY NUMBER (160 20 1708), 5a AGE (85), 6 DATE OF BIRTH (Oct. 19, 1915), 7 BIRTHPLACE (Smithfield Pa.), 9a PLACE OF DEATH (Hobart IN), 9b FACILITY NAME (Miller Merry Manor), 9c CITY, TOWN OR LOCATION OF DEATH (Hobart IN), 9d COUNTY OF DEATH (Lake IN), 10 MARITAL STATUS (Widowed), 11 SURVIVING SPOUSE (None), 12a DECEASED'S USUAL OCCUPATION (Supervisor Food Service), 12b KIND OF BUSINESS/INDUSTRY (St. Mary Medical), 13a RESIDENCE-STATE (Indiana), 13b COUNTY (Lake), 13c CITY, TOWN OR LOCATION (Hobart), 13d STREET AND NUMBER (Miller Merry Manor NH), 13e ZIP CODE (46342), 13f INSIDE CITY LIMITS (Yes), 14 CITIZEN OF WHAT COUNTRY? (USA), 15 WAS DECEASED OF HISPANIC ORIGIN? (No), 16 RACE (WHITE), 17 DECEASED'S EDUCATION (12), 18 FATHER'S NAME (WALTER HITTIE), 19 MOTHER'S NAME (Lucy Sutton), 20a INFORMANT'S NAME (PAUL LAUGHEAD), 20b MAILING ADDRESS (413 Ruta Drive. Apt 1326 Hobart IN), 20c Relationship (son), 21a METHOD OF DISPOSITION (Burial), 21b DATE AND PLACE OF DISPOSITION (July 2, 2001, CaLUMET Park Cemetery), 21c LOCATION (Merrillville, IN 46410), 22a EMBALMER'S NAME (ANTHONY S. RENDINA JR), 22b EMBALMER'S LICENSE NO (FD01010402), 23 WAS DEATH REPORTED TO CORONER? (No), 24a SIGNATURE OF FUNERAL DIRECTOR (Anthony Rendina Jr), 24b LICENSE NUMBER (FD01010402), 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Rendina Funeral Home FH83007819, 5100 Cleveland St. Gary, IN 46408), 26 PART I (Cause of death: Sepsis), 26 PART II (Other significant conditions), 27 WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (no), 28 WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (no), 29a CERTIFIER (CERTIFYING PHYSICIAN), 29b SIGNATURE AND TITLE OF CERTIFIER (Mark D Carter), 29c MEDICAL LICENSE NO (01036415), 29d DATE SIGNED (7/2/01), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (MARK CARTER MD 295 So. Wisconsin St Hobart, IN 46342), 31 HEALTH OFFICER'S SIGNATURE (Susan W Best D.O.), 31 DATE FILED (July 3, 2001), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK?, 34d DESCRIBE HOW INJURY OCCURRED, 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT? (No)

NOT OFFICIAL - This Document is the property of Lake County Recorder!

FILED

JAN 25 2002

PETER BENJAMIN LAKE COUNTY AUDITOR

Handwritten initials and date: Mt 9. 11. 01