

H62-22548 LD
 * 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. 0033-00
 269782

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Betty Ellen Luttringer				2 SEX Female		3a TIME OF DEATH 7:28P		3b. DATE OF DEATH (Month, Day, Yr.) January 4, 2000			
4. *SOCIAL SECURITY NUMBER 317-14-7610		5a AGE—Last Birthday (Years) 2007		5b UNDER 1 YEAR 038990		5c UNDER 1 DAY		6 DATE OF BIRTH (Mo, Day, Yr) 12 1925 9		7 BIRTHPLACE (City and State or Foreign Country) Franklin, IN	
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR/LAST SERVED IN U.S. ARMED FORCES? None		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)							
9b FACILITY NAME (If not institution, give street and number) 910 Ridge Road				9c CITY, TOWN OR LOCATION OF DEATH Munster			9d COUNTY OF DEATH Lake				
10. MARITAL STATUS (Specify) Widow		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) Secretary			12b. KIND OF BUSINESS/INDUSTRY Construction				
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Munster			13d. STREET AND NUMBER 910 Ridge Road				
13e. ZIP CODE 46321		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) 12 College (1-4 or 5 +) 1	
18 FATHER'S NAME (First, Middle, Last) Harrison Hunt						19 MOTHER'S NAME (First, Middle, Maiden Surname) Mabelle Andrews					
20a. INFORMANT'S NAME (Type/Print) Paul Terry Rogers				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8424 Castle Dr. Munster, IN 46321				20c. Relationship Son			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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 8, 2000 Chapel Lawn Memorial Gardens				21c. LOCATION—City or Town, State Scherverville, IN			
22a. EMBALMER'S NAME Brian T. Burns				22b. EMBALMER'S LICENSE NO. 8601763		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) 1021590		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home#3004968 8415 Calumet Munster, IN 46321					
26. HEALTH DEPT. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) 07 2000. x Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF) Mitral Regurgitation Coronary Artery Disease Hypertension CONDITIONS (if any) which gave rise to the immediate cause, stating the underlying cause. Insulin Dependent Diabetes S/P CABG and Aortic Valve Replacement 2/92 Per Aortic Stenosis Polmonary Hypertension											
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Insulin Dependent Diabetes S/P CABG and Aortic Valve Replacement 2/92 Per Aortic Stenosis Polmonary Hypertension						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) ---	
29a. CERTIFIER (Check only one) <input checked="" 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 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. K 61045665		29d. DATE SIGNED (Month, Day, Year) Jan. 5, 2000	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donald Tanis, M.D. 9122 Columbia Munster, IN 46321											
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>								32. DATE FILED (Month, Day, Year) January 7, 2000		PETER BENJAMIN LAKE COUNTY AUDITOR	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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) 001501					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) if yes specify driver, passenger, pedestrian, etc.							

Chicago Title Insurance Company

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