

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 601-02

CERTIFICATE OF DEATH

State No. ....

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) Frances Marlene Miller		2. SEX Female		3a. TIME OF DEATH 1:55AM		3b. DATE OF DEATH (Month Day Yr) March 9, 2002	
4. SOCIAL SECURITY NUMBER 312-38-4421		5a. AGE - Last Birthday (Years) 62		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day Yr) Jan 1, 1940		7. BIRTHPLACE (City and State or Foreign Country) Williamsport, IN 47993					
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 <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 13128 Fairbanks			9c. CITY TOWN OR LOCATION OF DEATH Cedar Lake			9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Marvin M Miller		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 Own Home	
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Cedar Lake		13d. STREET AND NUMBER 13128 Fairbanks	
13e. ZIP CODE 46303		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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) 09 College (1-4 or 5+) 09					
18. FATHER'S NAME (First, Middle, Last) Bosie Wilson				19. MOTHER'S NAME (First, Middle, Maiden Surname) Marjorie Smith			
20a. INFORMANT'S NAME (Type/Print) Marvin M. Miller			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13128 Fairbanks, Cedar Lake, IN 46303			20c. Relationship Husband	
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) Mar 12, 2002 Chapel Lawn Memorial Gardens			21c. LOCATION - City or Town State Scherville, IN	
22a. EMBALMER'S NAME Fred T. Oparka		22b. EMBALMER'S LICENSE NO. FD01016076		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Fred Oparka</i>		24b. LICENSE NUMBER (of Licensee) FD01016076		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83000825 Eller Brady Funeral Home 8510 Lake Shore DR, Cedar Lake, IN 46303-9279			
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) LUNG CANCER b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF) Conditions if any which gave rise to the immediate cause stating the underlying cause last							Approximate Interval Between Onset and Death 03 2002
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		28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO REPORTING OF CAUSE OF DEATH? (Yes or no) 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>R S Drasga</i>		29c. MEDICAL LICENSE NO. 01031484		29d. DATE SIGNED (Month Day Year) 03-11-2002	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ray E. Drasga, M.D., 8127 Merrillville Rd., Merrillville, IN 46410							
31. HEALTH OFFICER'S SIGNATURE <i>Susan A. Burt</i>							32. DATE FILED (Month Day Year) March 12 2002
33. MANNER OF DEATH <input checked="" 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) 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. No				

Unit #31  
 Key # 25-4-12  
 P# EV2 SW SE S 23 T 34 R 9 111 X 418.6 X 110.1 ft 1.06 AC



**FILED**  
03 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

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9.00 p  
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