



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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. 2415-98

State No.

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 (Charlotte Conner), 2. SEX (Female), 3a. TIME OF DEATH (4:00 A M), 3b. DATE OF DEATH (October 31, 1998), 4. SOCIAL SECURITY NUMBER (200-03-5528), 5a. AGE—Last Birthday (79), 5b. UNDER 1 YEAR (Months/Days), 5c. UNDER 1 DAY (Hours/Minutes), 6. DATE OF BIRTH (May 29, 1919), 7. BIRTHPLACE (Tarentum, Penn.), 8a. WAS DECEDENT A U.S. VETERAN? (No), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (None), 9a. FACILITY NAME (Regency Place), 9b. YEAR LAST SERVED IN U.S. ARMED FORCES? (None), 9c. CITY, TOWN, OR LOCATION OF DEATH (Dyer), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (William Conner), 12a. DECEDENT'S USUAL OCCUPATION (Salesperson), 12b. KIND OF BUSINESS/INDUSTRY (Retail Store), 13a. RESIDENCE—STATE (Ind), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Hammond), 13d. STREET AND NUMBER (7027 Northcote), 13e. ZIP CODE (46324), 13f. INSIDE CITY LIMITS (No), 13g. ON A FARM? (No), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE—American Indian, Black, White, etc. (White), 17. DECEDENT'S EDUCATION (12), 18. FATHER'S NAME (Charles Caldwell), 19. MOTHER'S NAME (Edna Love), 20a. INFORMANT'S NAME (William Conner), 20b. MAILING ADDRESS (7027 Northcote Ave. Hammond, Ind. 46324), 20c. Relationship (Husband), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (Nov. 5, 1998, Plum Creek), 21c. LOCATION—City or Town, State (Plumb, Penn.), 22a. EMBALMER'S NAME (C. Wm. McCoy), 22b. EMBALMER'S LICENSE NO. (1013612), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (C. Wm. McCoy), 24b. LICENSE NUMBER (1013612), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (McCoy Funeral Chapel, 5713 Hohman Ave. Hammond, In. 46320, 83002877), 26. PART I: Enter the diseases, injuries, or complications that caused the death. IMMEDIATE CAUSE (Final disease or condition resulting in death): Cardiac Respiratory Failure. DUE TO (OR AS A CONSEQUENCE OF): Arterio-sclerotic Heart Disease + Chronic Obstr. Lung Dis. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: @ Diabetes, @ Schizophrenia, @ Kidney Trans. PART II: Other significant conditions. Conditions contributing to death but not previously stated in Part I: @ Diabetes, @ Schizophrenia, @ Kidney Trans. 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (NO), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER (Alexander J. Williams MD), 29c. MEDICAL LICENSE NO. (21655), 29d. DATE SIGNED (11-2-98), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Alexandra Williams MD, 5713 Hohman Ave, Hammond, IN 46320), 31. HEALTH OFFICER'S SIGNATURE (Alexander J. Williams MD), 32. DATE FILED (November 2, 1998), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. HIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT., 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

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