

* 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.

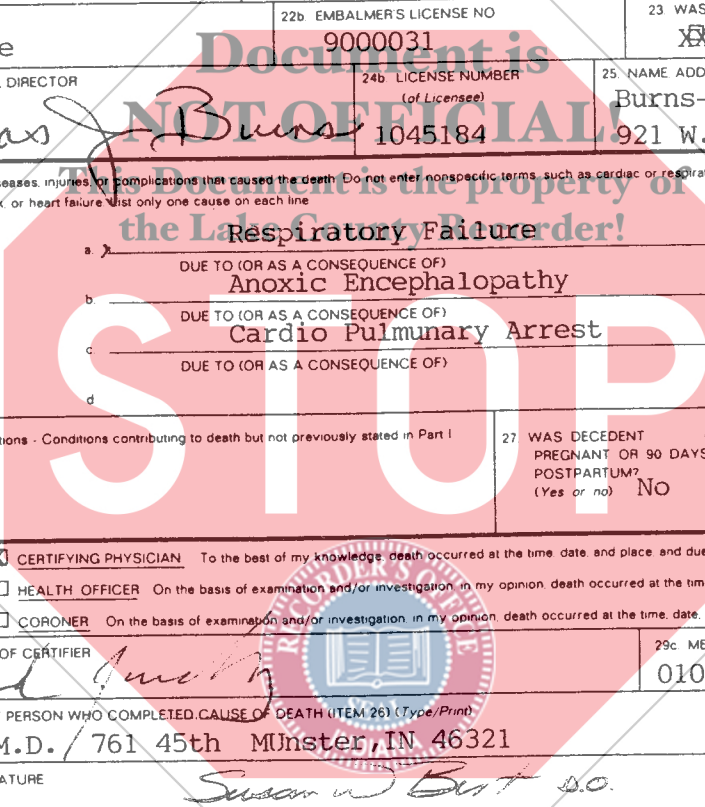
Local No. 0136-02

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RE SUB TYPE/PRINT IN PERMANENT BLACK INK

STATE OF INDIANA LAKE COUNTY State No. ... FILED FOR RECORD MORRIS W. CARTER RECORDER

Form with fields: 1 DECEASED—NAME (First, Middle, Last) Shirley Hoover; 2 SEX Female; 3a TIME OF DEATH 10:42 AM; 3b DATE OF DEATH January 16, 2002; 4 SOCIAL SECURITY NUMBER 307-42-9275; 5a AGE—Last Birthday 65; 5b UNDER, YEAR 2002; 5c UNDER, MONTH 06; 5d UNDER, DAYS 14; 5e UNDER, HOURS 17; 5f UNDER, MINUTES 48; 6 DATE OF BIRTH 2002-06-14; 7 BIRTHPLACE East Chicago, IN; 8a WAS DECEDENT A U.S. VETERAN? NO; 8b WAS DECEDENT IN ARMED FORCES? None; 9b FACILITY NAME 1901 N. Rensselaer; 9c CITY, TOWN, OR LOCATION OF DEATH Griffith; 9d COUNTY OF DEATH Lake; 10 MARITAL STATUS Married; 11 SURVIVING SPOUSE Donald Hoover; 12a DECEDENT'S USUAL OCCUPATION Homemaker; 12b KIND OF BUSINESS/INDUSTRY Home; 13a RESIDENCE—STATE IN; 13b COUNTY Lake; 13c CITY, TOWN, OR LOCATION Griffith; 13d STREET AND NUMBER 1901 N. Rensselaer; 13e ZIP CODE 46319; 13f INSIDE CITY LIMITS Yes; 13g ON A FARM? No; 14 CITIZEN OF WHAT COUNTRY? U.S.A.; 15 WAS DECEDENT OF HISPANIC ORIGIN? No; 16 RACE White; 17 DECEDENT'S EDUCATION 12; 18 FATHER'S NAME James Estes; 19 MOTHER'S NAME Lillian Chupik; 20 INFORMANT'S NAME Donald Hoover; 20b MAILING ADDRESS 1901 N. Rensselaer Griffith, IN 46319; 20c Relationship Husband; 21a METHOD OF DISPOSITION Burial; 21b DATE AND PLACE OF DISPOSITION January 19, 2002 Chapel Lawn Memorial Gardens; 21c LOCATION Schererville, IN; 22a EMBALMER'S NAME John T. Noble; 22b EMBALMER'S LICENSE NO 9000031; 23 WAS DEATH REPORTED TO CORONER? No; 24a SIGNATURE OF FUNERAL DIRECTOR Thomas J. Burns; 24b LICENSE NUMBER 1045184; 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #8800135 921 W. 45th Griffith, IN 46319; 26 PART I IMMEDIATE CAUSE OF DEATH Respiratory Failure, Anoxic Encephalopathy, Cardio Pulmonary Arrest; 26 PART II Other significant conditions Obesity; 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No; 28 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No; 29a CERTIFIER Edna J. ...; 29b SIGNATURE AND TITLE OF CERTIFIER; 29c MEDICAL LICENSE NO 01048056; 29d DATE SIGNED Feb. 8, 2002; 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH J. Jordan, M.D. / 761 45th Munster, IN 46321; 31 HEALTH OFFICER'S SIGNATURE Susan W. ...; 32 DATE FILED February 8, 2002; 33 MANNER OF DEATH Natural; 34a DATE OF INJURY; 34b TIME OF INJURY; 34c INJURY AT WORK?; 34d DESCRIBE HOW CERTIFIER IS ABOVE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT; 34e PLACE OF INJURY; 34f LOCATION; 34g DATE PRONOUNCED DEAD; 34h MOTOR VEHICLE ACCIDENT?; 411



FILED

JUL 8 2002

PETER BENJAMIN LAKE COUNTY AUDITOR

Donald O'Dell 707 E Commercial Ave P.O. Box 1258 Lowell, IN 46356

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