* **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. 1347-03

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	BETTY J. SHEARER
2. SEX	Female
3a. TIME OF DEATH	7:00 PM
3b. DATE OF DEATH (Month, Day, Yr)	May 30, 2003
4. *SOCIAL SECURITY NUMBER	310-22-7413
5a. AGE—Last Birthday (Years)	76
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	April 27, 1927
7. BIRTHPLACE (City and State or Foreign Country)	MUNCIE, INDIANA
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: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number)	THE COMMUNITY HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH	MUNSTER
9d. COUNTY OF DEATH	LAKE
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	PAUL SHEARER
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	INDIANA
13b. COUNTY	LAKE
13c. CITY, TOWN, OR LOCATION	HAMMOND
13d. STREET AND NUMBER	6744 RIDGELAND AVENUE
13e. ZIP CODE	46324
13f. INSIDE CITY LIMITS	[ ] No [X] Yes
13g. ON A FARM?	[X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
16. RACE—American Indian, Black, White, etc. (Specify)	WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	WILLIAM TRUEX
19. MOTHER'S NAME (First, Middle, Maiden Surname)	AMELIA PUCCIURELLA

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	PAUL L. SHEARER
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	6744 RIDGELAND AVENUE, HAMMOND, IN
20c. Relationship	Husband

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	[X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Jun 3, 2003 ST. JOSEPH CEMETERY
21c. LOCATION—City or Town, State	HAMMOND IN
22a. EMBALMER'S NAME	HENRY J. BLAKE
22b. EMBALMER'S LICENSE NO.	FDO1019406
23. WAS DEATH REPORTED TO CORONER?	[X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FDO1013507
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	BOCKEN FUNERAL HOME, INC. FH83002801 7042 KENEDY AVENUE, HAMMOND, IN

CAUSE OF DEATH

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. Bilateral Pulmonary artery Emboli

DUE TO (OR AS A CONSEQUENCE OF)

b. Renal Failure

DUE TO (OR AS A CONSEQUENCE OF)

c. HTN

DUE TO (OR AS A CONSEQUENCE OF)

d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

Approximate Interval Between Onset and Death

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Hypercholesterolemia, CAD, Recurrent Supraventricular Tachycardia

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no

28a. AUTOPSY (Yes or no) / 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one)

- [X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated
- [ ] 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
- [ ] 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

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	01042431
29d. DATE SIGNED (Month, Day, Year)	6/2/03
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	P. KESHVANI, M.D. 8731 INDIANAPOLIS BLVD., HIGHLAND, IN 46322-

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Susan ... Bert D.O.
32. DATE FILED (Month, Day, Year)	June 4, 2003

Field	Entry
33. MANNER OF DEATH	[X] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)	
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE ... 000974

JUN 04 2003

FILED JUL 15 2003 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

2003 055659

Paul L. Shearer 9006 Indpls. Blvd. 46322

9.— DG 24383

SDH06-004 State Form 10110 (R5/1-99)