

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.

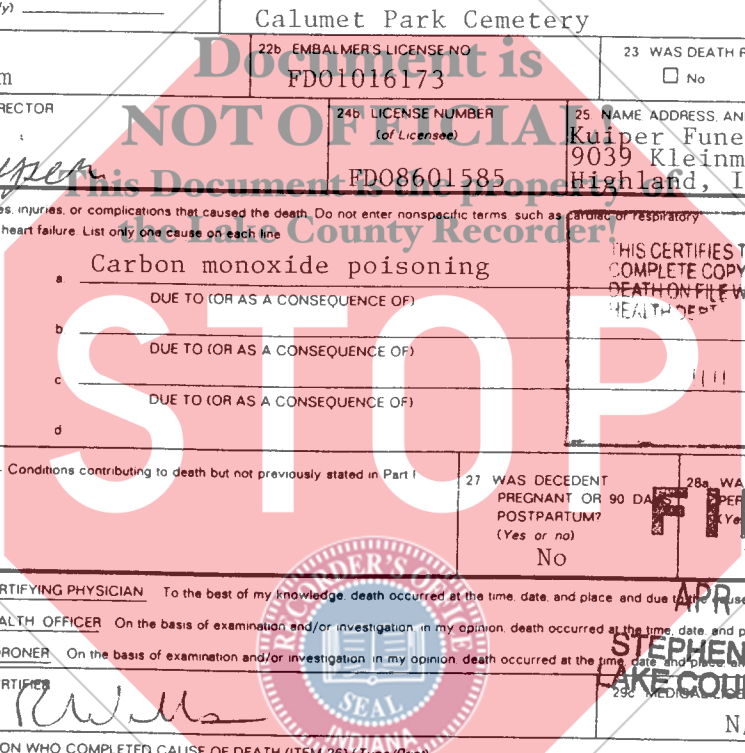
Local No. 1171-03

SUBMIT

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Margaret R. Beasley				2 SEX Female		3a TIME OF DEATH 6:04 P M		3b DATE OF DEATH (Month, Day, Yr) May 6, 2003							
4 *SOCIAL SECURITY NUMBER 303-54-4202		5a AGE—Last Birthday (Years) 53		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) Oct. 8, 1949		7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois					
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 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) 527 North Wheeler				9c CITY, TOWN OR LOCATION OF DEATH Griffith				9d COUNTY OF DEATH Lake							
10 MARITAL STATUS (Specify) Widowed		11 SURVIVING SPOUSE (If wife, give maiden name) N/A		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 Griffith				13d STREET AND NUMBER 527 North Wheeler							
13e ZIP CODE 46319		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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>					
18 FATHER'S NAME (First, Middle, Last) Raymond Galgan						19 MOTHER'S NAME (First, Middle, Maiden Surname) Virginia Markut									
20a INFORMANT'S NAME (Type/Print) Brian Beasley				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2205 New York Ave., Whiting, IN 46398				20c Relationship Son							
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <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) May 9, 2003 Calumet Park Cemetery				21c LOCATION—City or Town, State Merrillville, Indiana							
22a EMBALMER'S NAME Edgar C. Gleim				22b EMBALMER'S LICENSE NO. FDO1016173				23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
24a SIGNATURE OF FUNERAL DIRECTOR <i>C.A. Kuiper</i>				24b LICENSE NUMBER (of Licensee) FDO8601585		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FHI9900008									
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) Carbon monoxide poisoning a DUE TO (OR AS A CONSEQUENCE OF) b DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d Conditions, if any, which gave rise to the immediate cause stating the underlying cause last 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		28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a CERTIFIER (Check only one) Chief Deputy <input checked="" 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) as stated				29b SIGNATURE AND TITLE OF CERTIFIER <i>Susan W. Best</i> SUSAN W. BEST, D.O. STEPHEN R. STIGLICH, LAKE COUNTY AUDITOR											
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307										32 DATE FILED (Month, Day, Year) July 11, 2003					
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>										32 DATE FILED (Month, Day, Year) July 11, 2003					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) May 6, 2003		34b TIME OF INJURY Unknown		34c INJURY AT WORK? (Yes or no) No		34d DESCRIBE HOW INJURY OCCURRED Carbon monoxide poisoning							
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Residence						34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 527 North Wheeler Griffith, Indiana 46319									
34g DATE PRONOUNCED DEAD (Month, Day, Year) May 6, 2003				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No.											



FILED APR 7 2004

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

John M. Obermayer

AK # 00177 08