

10cc's

* 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
CERTIFICATE OF DEATH

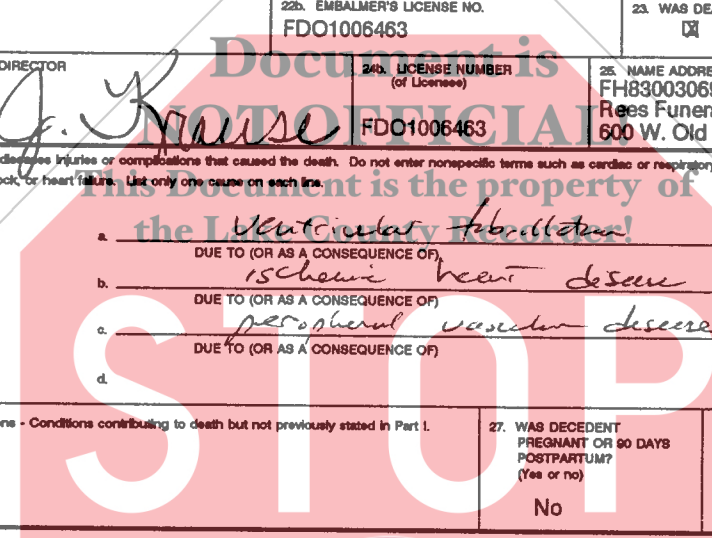
State No. 50-156-22, 21, 23, 17, 19, 20, 18, 34

Local No. 0041-98

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

200620
TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED-NAME (First Middle Last) CHARLES EDWARD KEATHLEY		2. SEX Male	3a. TIME OF DEATH 10:15AM	3b. DATE OF DEATH (Month Day Yr) January 10, 1998	
4. SOCIAL SECURITY NUMBER 413-62-9124	5a. AGE - Last Birthday (Years) 55	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) Mar 11, 1942	
7a. WAS DECEDENT A U.S. VETERAN? No	7b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A	7c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
8b. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center		8c. CITY TOWN OR LOCATION OF DEATH Hobart	8d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Hazel Massengill	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor	12b. KIND OF BUSINESS INDUSTRY Steel		
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Lake Station	13d. STREET AND NUMBER 2895 Elkhart Street		
13e. ZIP CODE 46405	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 (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) 10		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>			
18. FATHER'S NAME (First, Middle, Last) Boyd Keathley		19. MOTHER'S NAME (First, Middle, Maiden Surname) Flora Daugherty			
20a. INFORMANT'S NAME (Type/Print) Hazel Keathley		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2895 Elkhart Street, Lake Station, IN 46405		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" 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) Jan 13, 1998 Calumet Park Cemetery		21c. LOCATION - City or Town State Merrillville, Indiana	
22a. EMBALMER'S NAME James J. Krause		22b. EMBALMER'S LICENSE NO. FDO1006463	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licensee) FDO1006463	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342		
26. PART I Enter the disease 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. <i>ischemic heart disease</i>			Approximate interval between onset and death day		
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST b. <i>peripheral vascular disease</i>			years		
c. <i>peripheral vascular disease</i>			years		
d. <i>peripheral vascular disease</i>					
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) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION 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>[Signature]</i>			29c. MEDICAL LICENSE NO. 31712	29d. DATE SIGNED (Month Day Year) 1-12-98	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Jack Ziegler MD, 1400 S. Lake Park Avenue, Suite 400, Hobart, IN 46342					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>			32. DATE FILED (Month Day Year) January 12, 1998		
33. MANNER OF DEATH <input 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	34d. DESCRIBE HOW INJURY OCCURRED AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. JUN 10 2004
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) LAKE COUNTY AUDITOR		34f. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. NO			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. NO			



FILED

STEPHEN R. STOLION
LAKE COUNTY AUDITOR

JAN 12 1998