

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.

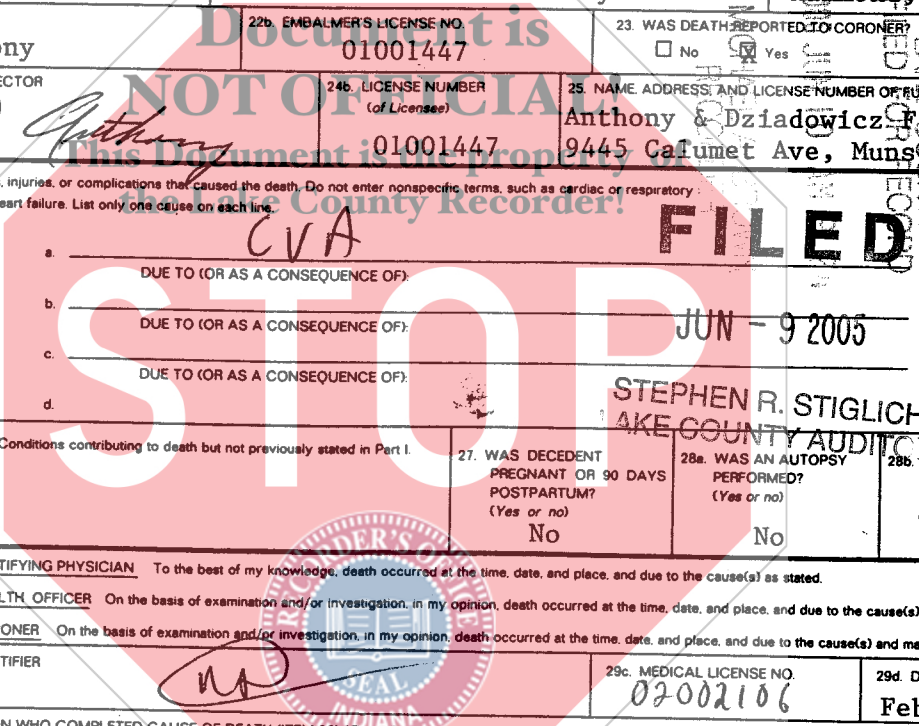
Local No. 50405

#610171 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

12633-233-33

1. DECEASED—NAME (First, Middle, Last) MARY EVELYN TATUM				2. SEX Female		3a. TIME OF DEATH 3:55 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) February 20, 2005	
4. SOCIAL SECURITY NUMBER 309-30-8886		5a. AGE—Last Birthday (Years) 83		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo, Day, Yr.) April 15, 1921	
7. BIRTHPLACE (City and State or Foreign Country) Lebanon, Kentucky		8a. WAS DECEDENT A U.S. VETERAN? No							
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a. 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							
9b. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center				9c. CITY, TOWN, OR LOCATION OF DEATH Hobart			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) None		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Seamstress			12b. KIND OF BUSINESS/INDUSTRY Draperies		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Merrillville			13d. STREET AND NUMBER 7250 Arthur Blvd.		
13e. ZIP CODE 46410		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) 8		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) George Mann				19. MOTHER'S NAME (First, Middle, Maiden Surname) Lettie Thompson	
20a. INFORMANT'S NAME (Type/Print) Roger Tatum				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 144 Westchester Ln., Valparaiso, IN 46385				20c. Relationship Son	
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) February 23, 2005 Elmwood Cemetery				21c. LOCATION—City or Town, State Hammond, Indiana	
22a. EMBALMER'S NAME Larry D. Anthony				22b. EMBALMER'S LICENSE NO. 01001447		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>				24b. LICENSE NUMBER (of Licensee) 01001447		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave, Munster, IN 46321			
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. CVA DUE TO (OR AS A CONSEQUENCE OF):							
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF):							
		c. DUE TO (OR AS A CONSEQUENCE OF):							
		d. DUE TO (OR AS A CONSEQUENCE OF):							
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. 02002106		29d. DATE SIGNED (Month, Day, Year) February 22, 2005	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Rupesh Shah, M.D., 202 E. 86th Place, Merrillville, Indiana 46410									
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But. D.O.</i>								32. DATE FILED (Month, Day, Year) February 27, 2005	
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)	34d. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.		
			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) MAR 03 2005			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 00791					



PRECEDENT

ARENTS INFORMANT

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AUSE OF EATH

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