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* **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

Local No. 500-01 167409

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 MTL-1818LK05

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

| 1 DECEASED—NAME (First, Middle, Last) | | 2 SEX | 3a TIME OF DEATH | 3b DATE OF DEATH (Month, Day, Yr.) |
|---|---|---|---|---|
| BONEDITA | BROWN | FEMALE | 6:16 PM | FEBRUARY 24, 2001 |

| 4. *SOCIAL SECURITY NUMBER | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months / Days | 5c UNDER 1 DAY Hours / Minutes | 6 DATE OF BIRTH (Mo. Day. Yr) | 7 BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 310-76-0169 | 39 | | | December 17, 1961 | GARY, INDIANA |

| 8a WAS DECEDENT A U.S. VETERAN? | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a PLACE OF DEATH (Check only one. See instructions) |
|---|---|---|
| NO | --- | HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence |

| 9b FACILITY NAME (If not institution, give street and number) | 9c CITY, TOWN, OR LOCATION OF DEATH | 9d COUNTY OF DEATH |
|---|---|---|
| 820 LAKE STREET | HOBART | LAKE |

| 10 MARITAL STATUS (Specify) | 11 SURVIVING SPOUSE (If wife, give maiden name) | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 12b KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| MARRIED | KENNETH E. BROWN | COMPUTER LAB TECHICIAN | PORTAGE TOWNSHIP |

| 13a RESIDENCE—STATE | 13b COUNTY | 13c CITY, TOWN, OR LOCATION | 13d STREET AND NUMBER |
|---|---|---|---|
| INDIANA | LAKE | HOBART | 820 LAKE STREET |

| 13e ZIP CODE | 13f INSIDE CITY LIMITS | 14 CITIZEN OF WHAT COUNTRY? | 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 16 RACE—American Indian, Black, White, etc (Specify) | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|---|---|---|
| 46342 | ☐ No ☒ Yes | USA | ☒ No ☐ Yes | WHITE | Elementary/Secondary (0-12): 12 | College (1-4 or 5+): 1 |

13g ON A FARM? ☒ No ☐ Yes

PARENTS INFORMATION

| 18 FATHER'S NAME (First, Middle, Last) | 19 MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| De Forest Lipke | TexOnedita Greer |

| 20a INFORMANT'S NAME (Type/Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 20c Relationship |
|---|---|---|
| Kenneth E. Brown | 820 Lake Street, Hobart, In. 46342 | Husband |

DISPOSITION

| 21a METHOD OF DISPOSITION | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 21c LOCATION—City or Town, State |
|---|---|---|
| ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____ | February 28, 2001 Valparaiso Memorial Park | Valparaiso, In. |

| 22a EMBALMER'S NAME | 22b EMBALMER'S LICENSE NO | 23 WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| Terrence P. Burns | 01013890 | ☒ No ☐ Yes |

| 24a SIGNATURE OF FUNERAL DIRECTOR | 24b LICENSE NUMBER (of Licensee) | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| James F. Burns | 01009461 | Burns Funeral Home FDH#83002380 701 E. 7th St., Hobart, In. 46342 |

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 MYOCARDIAL INFARCTION
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

Approximate Interval Between Onset And Death

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEP.
MAR 09 2001

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) | 28a WAS AN AUTOPSY PERFORMED? (Yes or no) | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|
| No | NO | --- |

CERTIFIER

29a CERTIFIER (Check only one)
☒ 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

| 29b SIGNATURE AND TITLE OF CERTIFIER | 29c MEDICAL LICENSE NO | 29d DATE SIGNED (Month, Day, Year) |
|---|---|---|
| [signature] | 036-068650 | MARCH 8, 2001 |

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) JACOB ROTMENSCH, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE Daryl L. Tortorici, M.D.

32 DATE FILED (Month, Day, Year) March 9 2001

| 33 MANNER OF DEATH | 34a DATE OF INJURY (Month, Day, Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY Ooccurred |
|---|---|---|---|---|
| ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

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 |
|---|---|
| | |

HOLD FOR MERIDIAN TITLE CORP 1818LK05

K# 27-17-28-22



SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1