

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

CTC 620048381

Cal No. 234-90

State No.

TYPE/PRINT
IN
PERMANENT
LACK INK

Chicago Title Insurance Company

IDENT
MANT

POSITION

USE OF
THE

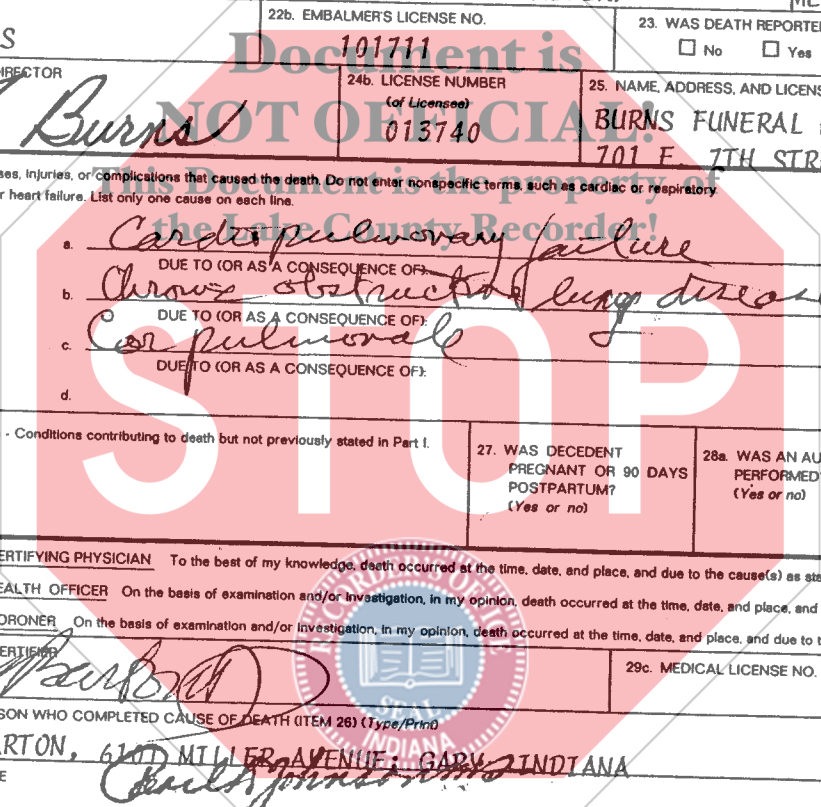
(5) 42-213-34436

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ONLY

1. DECEASED—NAME (First, Middle, Last) MARTHA JANE DOYNE		2. SEX FEMALE	3a. TIME OF DEATH 9:15 PM	3b. DATE OF DEATH (Month, Day, Yr.) JANUARY 19, 1990	
4. SOCIAL SECURITY NUMBER 306-70-9848	5a. AGE—Last Birthday (Years) 97	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) NOVEMBER 20, 1892	
7. BIRTHPLACE (City and State or Foreign Country) PITTSBURGH, PENNSYLVANIA	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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) MILLERS MERRY MANOR		9c. CITY, TOWN, OR LOCATION OF DEATH HOBART, INDIANA	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) WIDOW	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) HOMEMAKER		12b. KIND OF BUSINESS/INDUSTRY AT HOME	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION GARY	13d. STREET AND NUMBER 8600 PINE AVENUE, GARY, INDIANA		
13e. ZIP CODE 46403	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 (9-12) 8th College (1-4 or 5+) 005		18. FATHER'S NAME (First, Middle, Last) THOMAS BENNETT			
19. MOTHER'S NAME (First, Middle, Maiden Surname) ELIZABETH DAVIS		20. INFORMANT'S NAME (Type/Print) EDWARD T. DOYNE			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8610 PINE AVENUE, GARY, INDIANA 46403		20c. Relationship SON			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) JANUARY 23, 1990 CALUMET PARK CEMETERY		21c. LOCATION—City or Town, State MERRILLVILLE, INDIANA	
22a. EMBALMER'S NAME GORDON L. JONES		22b. EMBALMER'S LICENSE NO. 101711	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James E. Burns</i>		24b. LICENSE NUMBER (of Licensee) 013740	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FDH # 8600018 701 E. 7TH STREET, HOBART, INDIANA		
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. Cardio-pulmonary failure DUE TO (OR AS A CONSEQUENCE OF): b. Chronic obstructive lung disease DUE TO (OR AS A CONSEQUENCE OF): c. Cor pulmonale DUE TO (OR AS A CONSEQUENCE OF): d. _____ 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)		
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>Reginald Barton</i>		29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. REGINALD BARTON, 6100 MILLER AVENUE, GARY, INDIANA					
31. HEALTH OFFICER'S SIGNATURE <i>Reginald Barton</i>		32. DATE FILED (Month, Day, Year) JAN 23 1990			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) JULY	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) JUN 17 2005
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LAKE COUNTY AUDITOR		34f. MOTOR VEHICLE INVOLVED? (Specify driver, passenger, pedestrian, etc.) 01488			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. DATE OF DEATH (Month, Day, Year)			



RECORDED
MICHAEL A. REYNOLDS
2005 JUN 20 AM 9:15
LAKE COUNTY RECORDER

INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE
42

LAKE COUNTY RECORDER

11-2-CT

No: 620048381

LEGAL DESCRIPTION

Lots 34 to 36, both inclusive, Dunes Highway Realty Company's First Addition, Block A, as per plat thereof, recorded in Plat Book 20 page 6, in the Office of the Recorder of Lake County, Indiana.

