

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

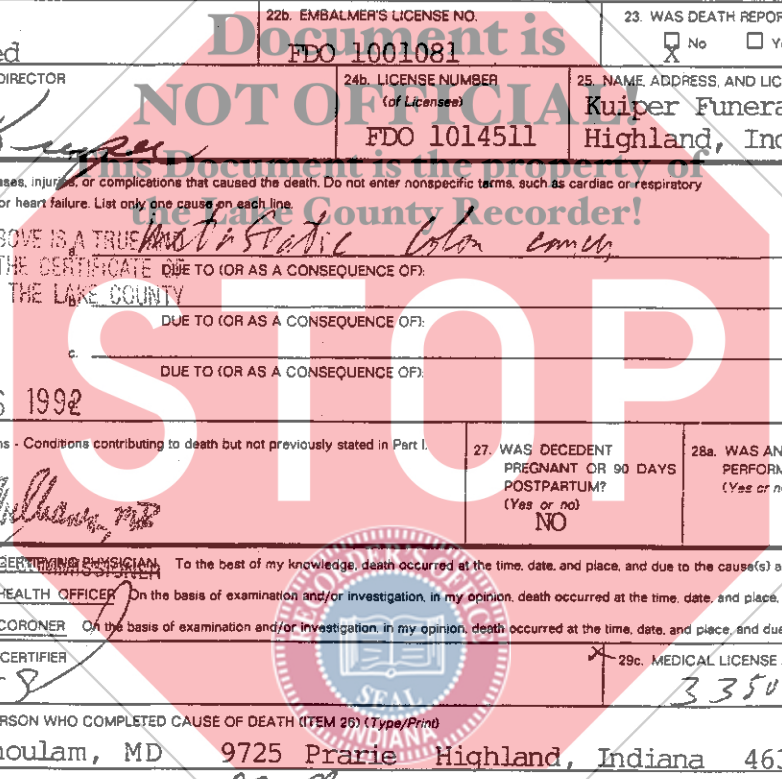
Local No. 0453-92

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Mary L. Hogan				2. SEX Female		3a. TIME OF DEATH 9:00 A M		3b. DATE OF DEATH (Month, Day, Yr) February 26, 1992		
4. SOCIAL SECURITY NUMBER 311-22-2011		5a. AGE—Last Birthday (Years) 70		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) Sep. 6, 1921		
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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence						
9b. FACILITY NAME (if not institution, give street and number) St. Anthony Nursing Home				9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point			9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (if wife, give maiden name) Edgar Hogan		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker			12b. KIND OF BUSINESS/INDUSTRY Own Home			
13a. RESIDENCE—STATE Indiana		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION Highland			13d. STREET AND NUMBER 3932 Wirth Rd.			
13e. ZIP CODE 46322		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		
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5 +)		18. FATHER'S NAME (First, Middle, Last) Frank Alexander						
19. MOTHER'S NAME (First, Middle, Maiden Surname) Ann Unavailable		20a. INFORMANT'S NAME (Type/Print) Edgar Hogan				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3932 Wirth Rd. Highland, Indiana			20c. Relationship Husband	
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 29, 1992 Fairmount Cemetery				21c. LOCATION—City or Town, State Central City, Kentucky		
22a. EMBALMER'S NAME Ronald A. Reed				22b. EMBALMER'S LICENSE NO. FDO 1001081		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>R. A. Reed</i>				24b. LICENSE NUMBER (of Licensee) FDO 1014511		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 2039 Kleinman Highland, Indiana FDH 300-7500				
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. Metastatic Colon Cancer THIS CERTIFICATE IS A TRUE AND CORRECT COPY OF THE ORIGINAL FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT. FEB 26 1992										
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Cleveland Williams, MD</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. LAKE COUNTY HEALTH DEPARTMENT PHYSICIAN (Check only one) <input type="checkbox"/> HEALTH OFFICER <input checked="" type="checkbox"/> CORONER										
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Howard M. Mishoulam, MD</i>						29c. MEDICAL LICENSE NO. 33507		29d. DATE SIGNED (Month, Day, Year) Feb 26 1992		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Howard M. Mishoulam, MD 9725 Prairie Highland, Indiana 46322										
31. HEALTH OFFICER'S SIGNATURE <i>Cleveland Williams, MD</i>						32. DATE FILED (Month, Day, Year) February 26, 1992				
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined			34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED	
34e. PLACE OF INJURY—A home, farm, school, factory, office building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1140 2103 B							
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. MAR 17 2006 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR						

16-27-0393-000
Bakers Add to Highland hot 7



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FILED

Prescribed by the
State Board of Accounts
(2005)

County form 170

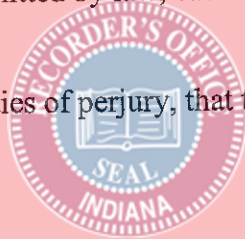
**Document is
NOT OFFICIAL!**
Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).
This Document is the property of the Lake County Recorder!

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



Hugh D. Brauer
Signature of Declarant

HUGH D. BRAUER
Printed Name of Declarant