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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

State No. ....

Local No. 977-99

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

265927  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

2

Fifth Street Estates  
2nd Add to Highland  
lot 1 & N. 25ft lot 2 Block 1  
16-27-0266-0001

1 DECEASED—NAME (First, Middle, Last) James Joseph Fitzpatrick		2 SEX Male	3a TIME OF DEATH 3:05 P.M.	3b DATE OF DEATH (Month, Day, Yr.) April 18, 1999	
4. *SOCIAL SECURITY NUMBER -9028	5a AGE—Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) August 28, 1924	7 BIRTHPLACE (City and State or Foreign Country) Ireland
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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 8947 Pettit Dr		9c. CITY, TOWN, OR LOCATION OF DEATH Highland		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Mary McNicholas	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Baring Machinist		12b. KIND OF BUSINESS/INDUSTRY Steel Co	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Highland		13d. STREET AND NUMBER 8947 Pettit Dr
13e. ZIP CODE 46322	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, Black, White, etc. (Specify) White	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 10
18. FATHER'S NAME (First, Middle, Last) Robert Fitzpatrick			19. MOTHER'S NAME (First, Middle, Maiden Surname) Annie Creighton		
20a. INFORMANT'S NAME (Type/Print) Mary Fitzpatrick		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8947 Pettit Dr Highland, Indiana 46322		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) April 22, 1999 Chapel Lawn Memorial Gardens		21c. LOCATION—City or Town, State Scherverville, Indiana	
22a. EMBALMER'S NAME Henry Blake		22b. EMBALMER'S LICENSE NO. FDO 1019406		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FDO 1006015		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH83003035 Fagen-Miller Funeral Homes, Inc 2828 Highway Ave Highland, IN. 46322	
28. 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. Approximate interval between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. <u>Cardiopulmonary Arrest</u> <u>Second 5</u>					
b. <u>Congestive Heart Failure</u> <u>DAYS</u>					
c. <u>Cardiomyopathy</u> <u>Years</u>					
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) 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. 02000872		29d. DATE SIGNED (Month, Day, Year) 04/19/99
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) John A. Hoehn, D.O., 505 W. Hancock Hwy., Scherverville, IN 46375					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					32. DATE FILED (Month, Day, Year) April 19, 1999
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) <b>FILED</b> APR 18 2007		34b. TIME OF INJURY	
		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED 11- LP CT	
		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 1		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. MOTOR VEHICLE ACCIDENT		005100