

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. 2342-09

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT INK

Form with fields for: 1. DECEASED-NAME (OZELLA MCHARGUE), 2. SEX (FEMALE), 3a. TIME OF DEATH (5:05 PM), 3b. DATE OF DEATH (SEPTEMBER 22, 2004), 4. SOCIAL SECURITY NUMBER (295-32-4450), 5a. AGE (67), 6. DATE OF BIRTH (FEBRUARY 27, 1937), 7. BIRTHPLACE (CORBIN, KENTUCKY), 8a. WAS DECEDENT A U.S. VETERAN? (NO), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a. PLACE OF DEATH (HOSPITAL, ER/Outpatient, DOA), 9b. FACILITY NAME (ST. MARGARET MERCY HEALTHCARE CENTER SOUTH), 9c. CITY, TOWN OR LOCATION OF DEATH (DYER), 9d. COUNTY OF DEATH (LAKE), 10. MARITAL STATUS (WIDOWED), 11. SURVIVING SPOUSE (N/A), 12a. DECEASED'S USUAL OCCUPATION (HOMEMAKER), 12b. KIND OF BUSINESS/INDUSTRY (OWN-HOME), 13a. RESIDENCE-STATE (INDIANA), 13b. COUNTY (LAKE), 13c. CITY, TOWN, OR LOCATION (DYER), 13d. STREET AND NUMBER (1449 MEADOW LANE), 13e. ZIP CODE (46311), 13f. INSIDE CITY LIMITS (Yes), 13g. ON A FARM? (No), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (WHITE), 17. DECEASED'S EDUCATION (High School), 18. FATHER'S NAME (ARTHUR CATRON), 19. MOTHER'S NAME (DORA WILLIAMS), 20a. INFORMANT'S NAME (RHONDA MCHARGUE), 20b. MAILING ADDRESS (1449 MEADOW LN DYER, IN 46311), 20c. Relationship (DAUGHTER), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (SEPTEMBER 28, 2004, CHAPEL LAWN MEMORIAL GARDENS), 21c. LOCATION (SCHERERVILLE, INDIANA), 22a. EMBALMER'S NAME (RICHARD MILLER), 22b. EMBALMER'S LICENSE NO (FD20400030), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (Richard Miller), 24b. LICENSE NUMBER (FD20400030), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (FAGEN-MILLER FUNERAL HOME, 8580 WICKER AVE., ST. JOHN, IN 46373, FH10200006), 26. PART I. IMMEDIATE CAUSE (Lung Cancer), 26. PART II. Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (NO), 28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (NO), 29a. CERTIFIER (CERTIFYING PHYSICIAN), 29b. SIGNATURE AND TITLE OF CERTIFIER (Gary Marcotte), 29c. MEDICAL LICENSE NO (2000603), 29d. DATE SIGNED (9-28-04), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (GARY MARCOTTE, 117 S. Harlem Peatonie LLC 60468), 31. HEALTH OFFICER'S SIGNATURE (Susan W. Best, D.O.), 32. DATE FILED (September 29, 2004), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK? (NO), 34d. DESCRIBE HOW INJURY OCCURRED (007767B 11), 34e. PLACE OF INJURY, 34f. LOCATION (CS), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (NO)

DECEDENT

INFORMANTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

East Suburban Add to Town of Dyer hot 20 12-14-0066-0020

