...TE FROM ESTATE ... requested by this state agency in order to pursue ... statutory responsibility. Disclosure is voluntary, and there will be no penalty for refusal.

Local No. 286

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Evelyn Mae Kain
2. SEX	Female
3a. TIME OF DEATH	3:20 A. M
3b. DATE OF DEATH (Month, Day, Yr)	October 30, 2005
4. *SOCIAL SECURITY NUMBER	316-34-9357
5a. AGE—Last Birthday (Years)	68
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	March 15, 1937
7. BIRTHPLACE (City and State or Foreign Country)	Crandon , WI
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: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number)	Regency Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH	East Chicago
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Charles Raymond Kain
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	Own Home
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Griffith
13d. STREET AND NUMBER	1810 East Main St
13e. ZIP CODE	46319
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	white
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	12
College (1-4 or 5 +)	

PARENTS

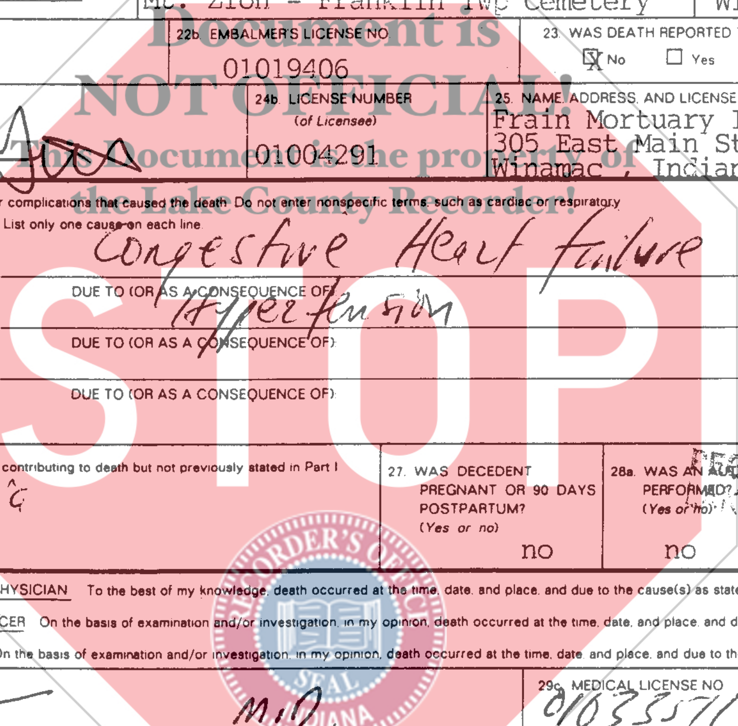
Field	Entry
18. FATHER'S NAME (First, Middle, Last)	John Stamper
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Esther Wayberg

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Charles Raymond Kain
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1810 East Main St Griffith, IN 46319
20c. Relationship	Husband

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	November 2, 2005 Mt. Zion - Franklin Twp Cemetery
21c. LOCATION—City or Town, State	Winamac, Indiana
22a. EMBALMER'S NAME	Henry J. Blake
22b. EMBALMER'S LICENSE NO.	01019406
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	01004291
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Frain Mortuary Inc. 83007322 305 East Main St P.O. Box 248 Winamac, Indiana 46996



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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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Congestive Heart failure

DUE TO (OR AS A CONSEQUENCE OF)

b. Hypertension

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

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Pneumonia, COPD

Field	Entry
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

FILED

JUN 28 2007

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature] MD
29c. MEDICAL LICENSE NO.	01035571
29d. DATE SIGNED (Month, Day, Year)	11/2/05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Okechi N. Nwabara 3535 Broadway Gary, Indiana 46409

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	[signature] MD
32. DATE FILED (Month, Day, Year)	11/3/05

$11

008588 CS

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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—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.	

S. 124 ft of N 256 ft of W 50 ft of E 759.32 ft of SW SW S.31 T.36 R.8 0.15 AC 01-39-0024-0088

IVBA-20 (5-93) SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT