

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 OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Local No. 17-05

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) MARY ELIZABETH ARTIST		2. SEX FEMALE		3a. TIME OF DEATH 10:25 P.M.		3b. DATE OF DEATH (Month, Day, Yr) JANUARY 27, 2005	
4. *SOCIAL SECURITY NUMBER 303-46-6556		5a. AGE—Last Birthday (Years) 60		6. DATE OF BIRTH (Mo, Day, Yr) FEB. 9, 1944		7. BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, IND.	
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) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		9b. FACILITY NAME (If not institution, give street and number) JASPER COUNTY HOSPITAL	
9c. CITY, TOWN, OR LOCATION OF DEATH RENSELAEER		9d. COUNTY OF DEATH JASPER		10. MARITAL STATUS MARRIED		11. SURVIVING SPOUSE (Type/Print) CHARLEY W. ARTIST	
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 WHITING		13d. STREET AND NUMBER 2505 WHITE OAK AVENUE		13e. ZIP CODE 46394		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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 (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> 4		18. FATHER'S NAME (First, Middle, Last) JACK K. NORRIS		19. MOTHER'S NAME (First, Middle, Maiden Surname) LILLIAN R. MCCLELLAND		20a. INFORMANT'S NAME (Type/Print) CHARLEY W. ARTIST	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2505 WHITE OAK, WHITING, IN 46394		20c. Relationship HUSBAND		21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <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 1, 2005 HERITAGE CREMATORY	
21c. LOCATION—City or Town, State PORTAGE, INDIANA		22a. EMBALMER'S NAME HENRY J. BLAKE		22b. EMBALMER'S LICENSE NO. FDE01019406		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) FDE01019456		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394		26. PART I Enter the disease, 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. Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ DUE TO (OR AS A CONSEQUENCE OF) 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) N/A		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. 21021575		29d. DATE SIGNED (Month, Day, Year) JAN. 28, 2005		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) STEPHEN SPICER M.D., 1103 E. GRACE ST. RENSELAEER, IN 47978	
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) February 2, 2005		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)	
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.			

SDH06.004 State Form 10110 (REV. 00)

JASPER COUNTY HEALTH DEPARTMENT
Rensselaer, Indiana 47978
This is a true copy of the original record.

Michael Loucks M.D.
Health Officer

FILED

DEC - 4 2007

PEGGY HULL
LAKE COUNTY AUDITOR

024078

14-
LP
ck
55522

Artist, Mary Elizabeth

Exhibit "A"

Legal Description

All that certain parcel of land situated in the City of Whiting, County of Lake, State of Indiana, being known and designated as follows:

Lot 47, Block 2, Davidson's Seventh Addition, in the City of Whiting, as shown in Plat Book 2, Page 76, in Lake County, Indiana.

Tax ID: 28-29-0048-0048

