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RESUB  
\* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. \*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No..... 0720-98  
RESUBMIT

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

NTC-3562LK07

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) SARAH E. PAYNE		2. SEX Female	3a. TIME OF DEATH 10:55PM	3b. DATE OF DEATH (Month Day Yr) March 24, 1998
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) Jan 10, 1927
7. BIRTHPLACE (City and State or Foreign Country) Mt. Carmel, Illinois	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 checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center		9c. CITY TOWN OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Kenneth H. Payne	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cake Icer		12b. KIND OF BUSINESS INDUSTRY Bakery
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Lake Station	13d. STREET AND NUMBER 2900 New York Street	
13e. ZIP CODE 46405	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 checked="" type="checkbox"/> College (1-4 or 5+)		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		
18. FATHER'S NAME (First, Middle, Last) Pete Fearheiley			18. MOTHER'S NAME (First, Middle, Maiden Surname) Viola Lambert	
20a. INFORMANT'S NAME (Type/Print) Sherry Radvonausk		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6339 Valleyview Avenue, Portage, IN 46368		20c. Relationship Daughter
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) Mar 28, 1998 Graceland Cemetery		21c. LOCATION - City or Town State Valparaiso, Indiana
22a. EMBALMER'S NAME James J. Krause		22b. EMBALMER'S LICENSE NO. FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of License) FDO1006463	24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342	
25. PART I. Enter the disease, injuries or complications that caused the death. Do not enter non-specific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. a. <u>fracturing injuries to the chest</u> b. <u>due to a gunshot wound</u> c. <u>due to a gunshot wound</u> d. <u>due to a gunshot wound</u>				Approximate Interval Between Onset and Death Unknown
PART II. Other significant conditions contributing to death but not previously stated in Part I. <i>Alexander D. Gilliano, MD</i> LAKE COUNTY HEALTH COMMISSIONER				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes
29a. CERTIFIER (Check only one) Deputy <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 checked="" 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>Alexander D. Gilliano</i>		29c. MEDICAL LICENSE NO N/A
29d. DATE SIGNED (Month Day Year) May 13, 1998		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307		
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Gilliano, MD</i>				32. DATE FILED (Month Day Year) May 14, 1998
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input checked="" type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year) Mar 24, 1998	34b. TIME OF INJURY Unknown	34c. INJURY AT WORK? (Yes or no) No
34d. DESCRIBE HOW INJURY OCCURRED Gunshot wound		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence		
34f. LOCATION (Street and Number or Rural Route Number, City or Town State) 2900 New York Street Lake Station, IN		34g. DATE PRONOUNCED DEAD (Month, Day, Year) March 24, 1998		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No.		025425		

HOLD FOR MERIDIAN TITLE CORP 3562LK07