

45-03-31-479-031-000-023

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 2404-08

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>MARY EVELYN VINES</b>				1a. Maiden Last Name (if Female) <b>ALEXANDER</b>		2. Sex <b>F</b>	3. Time Of Death <b>6:25 AM</b>	4. Date Of Death (Month/Day/Year) <b>JUNE 25, 2008</b>		
5. Social Security Number <b>412-46-1118</b>	6a. Age Yrs <b>78</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) <b>FEBRUARY 12, 1930</b>		8. Birthplace (City And State Or Foreign Country) <b>SODDY, TENNESSEE</b>		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (if Not Institution, Give Street And Number) <b>GOLDEN LIVING CENTER</b>										
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, INDIANA 46410</b>					13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>TOLIVER VINES</b>			15a. (if Wife) Give Maiden Last Name <b>NA</b>			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		Kind Of Business/Industry <b>IN HOME</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>						
18c. Street And Number <b>1541 MICHIGAN STREET</b>					18d. Apt. No. <b>NA</b>		18e. Zip Code <b>46320</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>High school graduate or GED completed</b>		20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>ALBERT ALEXANDER</b>				23. Mother's Name (First, Middle, Last) <b>MARIE ALEXANDER</b>			23a. Mother's Maiden Last Name <b>WEEKS</b>			
24. Informant's Name <b>TOLIVER VINES</b>		24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1541 MICHIGAN STREET, HAMMOND, INDIANA 46320</b>						
25a. Method Of Disposition: <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>CHAPEL LAWN MEMORIAL GARDENS</b>		25c. Place Of Disposition <b>SCHERERVILLE, INDIANA</b>		25d. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>CHAPEL LAWN FUNERAL HOME, 8178 S. CLINE AVE., SCHERERVILLE, INDIANA 46375</b>					27a. Funeral Home License Number: <b>FD1990005</b>			
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee) <b>FD20500007</b>				
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>ESRD</b> Due To (Or As A Consequence Of): B. <b>Hypertension</b> Due To (Or As A Consequence Of): C. <b>Diabetes</b> Due To (Or As A Consequence Of): D. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									Approximate Interval: Onset To Death	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown						32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year) <b>NA</b>		35. Time Of Injury <b>NA</b>		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State <b>NA</b>		38a. City Or Town <b>NA</b>		38b. Street & Number <b>NA</b>		38c. Apt. No. <b>NA</b>		38d. Zip Code <b>NA</b>		
39. Describe How Injury Occurred <b>NA</b>						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ALEXANDER STEMER, M.D., 757 45<sup>th</sup> ST., MUNSTER, IN.</b>						44. License Number <b>01025591</b>		45. Date Certified <b>6-30-08</b>		
46. Additional Funeral Service Provider: <b>NA</b>						47. *Akas: <b>NA</b>				
48. Signature of Local Health Officer: <i>[Signature]</i>					49. For Registrar Only - Date Filed (Month/Day/Year): <b>June 30, 2008</b>					

2008 AUG 14 9:29 AM  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL A. BRWIN  
RECORDER

STOP

FILED

AUG 14 2008  
014656