

RESUBMIT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

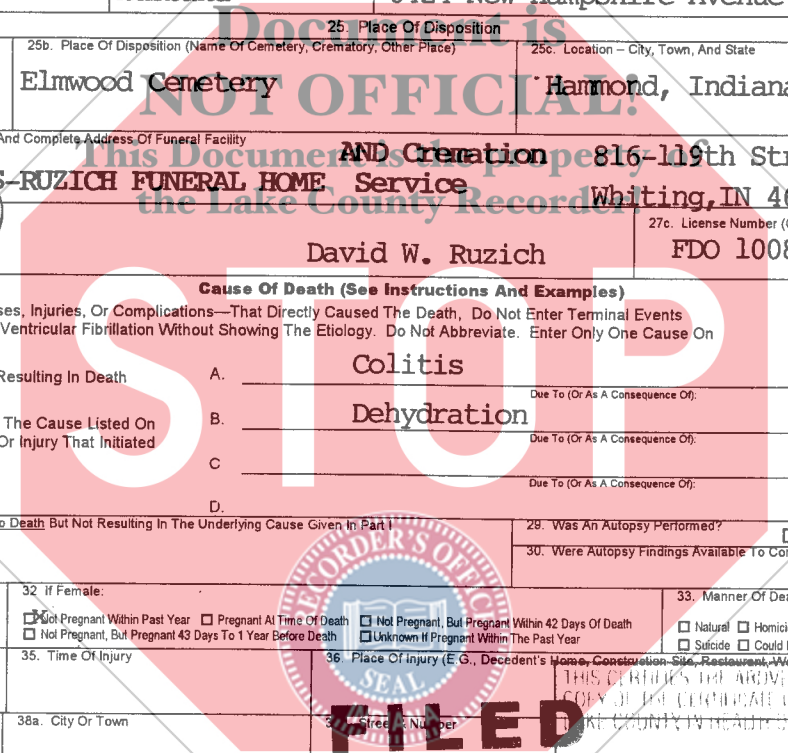
45-87-03-454-044-000-023



Local No. 1259-08

State No.

| | | | | | | | | |
|---|----------------------------|--|---|---|---|--|---|---|
| 1. Decedent's Legal Name (First, Middle, Last) BETTY LOU OWENS | | | | 1a. Maiden Last Name (If Female) Bierschbach | | 2. Sex Female | 3. Time Of Death 10:40 AM | 4. Date Of Death (Month/Day/Year) May 24, 2008 |
| 5. Social Security Number 346-26-5354 | 6a. Age - Yrs 72 | 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) July 9, 1935 | 8. Birthplace (City And State Or Foreign Country) Chicago, Illinois | |
| 9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unknown <input type="checkbox"/> | | 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify) | | | |
| 11. Facility Name (If Not Institution, Give Street And Number) 6424 New Hampshire Avenue | | | | | | | | |
| 12. City Or Town, State, And Zip Code Hammond | | | | 13. County Of Death Lake | | 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 Dominic P. Owens | | | 15a. (If Wife) Give Maiden Last Name N/A | | 16. Decedent's Usual Occupation Homemaker | | 17. Kind Of Business/Industry Own Home | |
| 18. Residence - State Indiana | | 18a. County Lake | | 18b. City Or Town Hammond | | | | |
| 18c. Street And Number 6424 New Hampshire Avenue | | | | | | 18d. Apt. No. | 18e. Zip Code 46323 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Decedent's Education High School Graduate | | 20. Decedent Of Hispanic Origin No | | 21. Decedent's Race White | | | | |
| 22. Father's Name (First, Middle, Last) Clifford Bierschbach | | | 23. Mother's Name (First, Middle, Last) Eleanor Bierschbach | | | 23a. Mother's Maiden Last Name Welk | | |
| 24. Informant's Name Dominic P. Owens | | 24a. Relationship To Decedent Husband | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 6424 New Hampshire Avenue Hammond, IN 46323 | | | | |
| 25a. Method Of Disposition. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <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) Elmwood Cemetery | | 25c. Location - City, Town, And State Hammond, Indiana | | | | |
| 26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility OWENS-RUZICH FUNERAL HOME, Service AND Cremation 816-119th Street Whiting, IN 46394 | | | 27a. Funeral Home License Number: PH 10700040 | | 27c. License Number (Of Licensee): FDO 1008643 | |
| 27b. Signature Of Indiana Funeral Service Licensee: | | 27c. License Number (Of Licensee): FDO 1008643 | | 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. Colitis Due To (Or As A Consequence Of): B. Dehydration Due To (Or As A Consequence Of): C. Due To (Or As A Consequence Of): D. Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last | | | | |
| 28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I | | 29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 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) | | 35. Time Of Injury | | 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 | | 38a. City Or Town | | 38b. Street Number | | 38c. Apt. No. | | |
| 39. Describe How Injury Occurred 015601 SEP 05 2008 | | 39. Describe How Injury Occurred | | 40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 11-LP | | 41. Signature, Of Person Certifying Cause Of Death: | | |
| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Alberto Sanchez, MD 7310 W. Lincoln Hwy. Crown Point, IN 46307 | | 44. License Number 01-038216 | | 45. Date Certified 6/4/08 | | | | |
| 46. Additional Funeral Service Provider: | | 47. *Akas: | | 48. Signature of Local Health Officer: Susan J Best, D.O. | | | | |
| 48. Signature of Local Health Officer: | | 49. For Registrar Only - Date Filed (Month/Day/Year): June 6, 2008 | | 49. For Registrar Only - Date Filed (Month/Day/Year): | | | | |



2008
PH 10700040
062613