

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.									
Decedent's Legal Name (First, M		1a. Maiden Last Name (If Female)				ne Of Death 4. Date Of Death (Month/Day/Y			
CAROLE JOYCE HAAC	jEK		KELLEHER	e'	 	HER IN I	5:51 AM	AUGUST	•
5. Social Security Number 6 304-32-8071	75 6b. Unde	71 Year 6c. Under	1 Month 6d Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth, (M MARCH 29		8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA		
	2	$\mathbf{n} \mathbf{n} \mathbf{k} \mathbf{n}$.	761 01		All Mile Autor				
9. Ever In U.S. Armed Forces?	10. If Death Occulined I	nency Department Outpat	tient Dead On Arrival	10a. If Death Oceanies	-	an A Hospitali d	Hospice Facility De	ecedent's Home [☐ Nursing Horn
11. Facility Name (If Not Institution		gondy Dopartion Capa		Term Care Facility C	Other (Specify)	HOWK			
COMMUNITY HOSPITAL			1	• • •	i kiloda				
12. City Or Town, State, And Zip C				13. County Of I	Death		14. Marital Status		
MUNSTER, INDIANA 46	321			LAKE			☐ Married ☐ M		
15. Surviving Spouse's Name			15a. (If Wife)Give Maide	Last Name	i i	edent's Usual Occu	pation	17. Kind Of Bus	-
NA			NA		HOM	EMAKER		OWN HOM	E
18. Residence - State		18a. County		18b. City Or Town					
INDIANA		LAKE	:	HAMMOND					
18c. Street And Number	(m) 11 1 m					18d. Apt. No.	18e. Zip C		18f. Inside City ☑ Yes ☐ No
6405 MARYLAND AV	ENUE					NA	46323		EL 163 LINO
19. Decedent's Education	r CED completed		Of Hispanic Origin		cedent's Race				
High school graduate o		No, not sp	oanish/Hispanic/Latin				220	Nother's Waiden	net Name
22. Father's Name (First, Middle, Last) EDWARD JAMES KELLEHER				23. Mother's Name (Firs CORNELIA L. KE			23a. Mother's Maiden Last Name ROSEWINKLE		
24. Informant's Name		1 24a Relat	ionship To Decedent	24b. Mailing Address (S		lity State Zin Code			
DELIA ANN BLAIR		DAUGH	/ '	256 W. 400 S., L			'		
			10 C 25 P	lace Of Disposition	C				•
25a. Method Of Disposition.	Burial 🖾 Cremation 25	b. Place Of Disposition ((Name Of Cemetery, Cremator		25c. Location - City				
 □ Donation □ Entombment □ I □ Other (Specify): 	Removal From State	AKLAND CREMA	ATORY	TICI	DOLTON, ILL	INOIS			
26. Was Coroner Contacted?		mplete Address Of Fune			_			27a. Funeral H	
Yes 🖾 No	CHAPEL LA	WN FUNERAL I	HOME, 8178 S. CLI	E AVE. SCHERE	RVILLE HIDI	ANA 46375		FH1990005	51
27b. Signature Of Indiana Funeral	Service Licensee:	the	Lake/o/	nty Reco	rder!		nse Number (Of Licens	see)	
			-9/10			FD205	00007		
28. Part I. Enter The Chain	Of Events—Diseases, In	njuries, Or Complicati	Cause Of Death (Se ions—That Directly Cause			vents			Approxim
Such As Cardiac Arrest, Res	piratory Arrest, Or Ventr	icular Fibrillation With			Enter Only One	Cause On			Interval: To Death
Immediate Cause (Final Dise	ase Or Continue Res	ting In h	A Vasce	len Coll	anse				
Sequentially List Conditions,	If Any Leading To The	Course Listed On	в. Св	PD	Due To (Or As A Consec	juence Of);			
Line A. Enter The Underlying	g Cause (Disease Or Inj	ury That Initiated			Due To (Or As A Consec	uence Of):			
The Events Resulting In Deat	n) Last	− € 5008	С		Due To (Or As A Consec	juence Of);			
Part II. Enter Other Significant Con			D. Cause Given In I	Part I	29. Was An Autops	y Performed?	□Yes 🏻 No		
Part II. Enter Other Significant Cor	PEGGY HO	LINGA KAI INITY ALIDI	UNA TOD	D'C	30. Were Autopsy F	indings Available To	Complete The Cause]Yes ⊠
31. Did Tobacco Use Contribute T		Il Female:	HUN ALOUE			33. Manner O	f Death:		
Yes □ Probably □ No □ Unknown			ar Pregnant At Time Of Death 1 13 Days To 1 Year Before Death				omicide	ending Investigation	
34. Date Of Injury (Month/Day/Yea		. Time Of Injury		ace Of Injury (E.G., Decede				37. Inju	ıry At Work?
NA	N	A	NA.						Yes 🖾 No
38. Location Of Injury - State	38:	a. City Or Town	V. Mr	Street & Number			38c. Apt. No.		Code
NA	N/	4	NA	Himi			NA	NA	
39 Describe How Injury Occurred	IA CAROLINO	V 0044D0	1	4		40. If Tra	nsportation Injur	y, Specify:	
41. Signature, Of Person Certifying	CARULINA Cause Of Balinn	V. OCAMPO	7, IVID / //	na 000a // -	42. Cer	Driver/Ope	rator Passenger Peo	destrian 🗖 Other (Sp	ecity)
- Starting	1 /	5 H. AVE #	1 1 /1/	LULU -			Coroner 🔲 Health (Officer	- 11
	P: 219-922-69		22-6968						_//
43. Name, Address And Zip Co	ode Of Person Certifying					44. Lice	ense Number	45. Date Co	
						140	107213	SK X	7108
46. Additional Funeral Service Pro	vider: NA		•			47. *Ak	as: NA		
48. Signature of Local Health Office	er:			49. For Registrar Or	nly - Date Filed (Mor	nth/Dav/Year)			