

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 3835-08 Parcel # 45-07-07-401-003.000-023  
45-13-18-352-008.000-046 State No. 000-046

1. Decedent's Legal Name (First, Middle, Last) <b>CAROLYN MARIE FORNEY</b>				1a. Maiden Last Name (If Female) <b>ELLIOTT</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>7:40 PM</b>	4. Date Of Death (Month/Day/Year) <b>NOV. 9, 2008</b>		
5. Social Security Number <b>305-60-7989</b>		6a. Age - Yrs <b>54</b>		6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) <b>MAY 13, 1954</b>		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) <b>5150 E. 75TH PLACE</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>GERALD FORNEY</b>			15a. (If Wife) Give Maiden Last Name <b>N/A</b>			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>AT HOME</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>MERRILLVILLE</b>			18c. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18c. Street And Number <b>5150 E. 75TH PLACE</b>				18d. Apt. No.		18e. Zip Code <b>46410</b>				
19. Decedent's Education <b>HIGH SCHOOL EQUIVELANT</b>			20. Decedent Of Hispanic Origin <b>NO</b>			21. Decedent's Race <b>WHITE</b>				
22. Father's Name (First, Middle, Last) <b>FRANK ELLIOTT</b>				23. Mother's Name (First, Middle, Last) <b>BETTY BUGG</b>				23a. Mother's Maiden Last Name <b>COY</b>		
24. Informant's Name <b>GERALD FORNEY</b>			24a. Relationship To Decedent <b>HUSBAND</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>5150 E. 75TH PLACE, MERRILLVILLE, INDIANA 46410</b>				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) <b>NW INDIANA CREMATION SERVICE</b>			25c. Location - City, Town, And State <b>CROWN POINT, INDIANA</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307</b>				27a. Funeral Home License Number: <b>83002445</b>			
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>						27c. License Number (Of Licensee): <b>01009461</b>				
28. Cause Of Death (See Instructions And Examples) 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. <u>Ovarian Cancer</u> Due To (Or As A Consequence Of): <u>NOV 12 2008</u> B. _____ Due To (Or As A Consequence Of): _____ C. _____ 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. 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 checked="" 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)			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 type="checkbox"/> No	
38. Location Of Injury - State			38a. City Or Town <b>018508</b>			38c. Apt. No.		38d. Zip Code		
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)				
41. Signature, Of Person Certifying Cause Of Death: <i>Antkassan</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>HOWARD MISHOULAM, M.D., 10110 DONALD POWERS DR., MONSTER, IN 46321</b>						44. License Number <b>01033507</b>		45. Date Certified <b>11-11-08</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>Susan W. But. D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <i>November 12, 2008</i>				

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NOV 18 2008

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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CASH

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