



45-07-24-134-009.000-003, 45-07-24-134-010.000-003

INDIANA STATE DEPARTMENT OF HEALTH

45-07-24-134-011.000-003 CERTIFICATE OF DEATH

Local No. 09-0299 45-07-24-134-008, state No. 003

1. Decedent's Legal Name (First, Middle, Last) <b>VELMAR M. COOPER</b>		1a. Maiden Last Name (If Female) <b>BARNETT</b>		2. Sex <b>F</b>	3. Time Of Death <b>8:02 AM</b>	4. Date Of Death (Month/Day/Year) <b>JUNE 19, 2009</b>	
5. Social Security Number <b>418-30-1419</b>	6a. Age Yrs <b>81</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 7, 1928</b>	
8. Birthplace (City And State Or Foreign Country) <b>DELMAR, ALABAMA</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 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>3071 TOMPKINS ST.</b>							
12. City Or Town, State, And Zip Code <b>GARY, INDIANA 46406</b>				13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>N/A</b>		15a. (If Wife) Give Maiden Last Name <b>N/A</b>		16. Decedent's Usual Occupation <b>FOOD SERVER</b>		17. Kind Of Business/Industry <b>CATERING</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18c. Street And Number <b>3071 TOMPKINS ST.</b>	
18d. Apt. No. <b>N/A</b>		18e. Zip Code <b>46406</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		2009 0630103	
19. Decedent's Education <b>8th grade or less</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>UNAVAILABLE</b>			23. Mother's Name (First, Middle, Last) <b>FLORA UNAVAILABLE</b>			23a. Mother's Maiden Last Name <b>MUSGROVE</b>	
24. Informant's Name <b>LINDA COOPER</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3081 TOMPKINS ST. GARY, INDIANA 46406</b>			
25. Place Of Disposition							
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) <b>CALUMET PARK CEMETERY</b>		25c. Location - City, Town, And State <b>MERRILLVILLE, INDIANA</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME 9039 KLEINMAN RD. HIGHLAND, INDIANA 46322</b>				27a. Funeral Home License Number: <b>FH10300021</b>	
27b. Signature Of Indiana Funeral Service Licensee: <i>David H. Peters</i>				27c. License Number (Of Licensee) <b>FD08601585</b>			
Cause Of Death (See Instructions And Examples)							
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>Pulmonary embolism</b>					
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		B. <b>End stage renal disease</b>					
		C. <b>Diabetes type II</b>					
		D. <b></b>					
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 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 type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown		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		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)		38. Zip Code <b>\$11</b>	
38. Location Of Injury - State		38a. City Or Town		38b. Street And Number		38c. Apt. No.	
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) <b>CS</b>			
41. Signature, Of Person Certifying Cause Of Death: <i>Sluts</i>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer <b>UP</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Dr A. Lucas 1950-45th St Munster IN 46321</b>				44. License Number <b>01055289A</b>		45. Date Certified <b>6/22/09</b>	
46. Additional Funeral Service Provider:				47. *Akas:			
48. Signature of Local Health Officer: <i>R. H. ...</i>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUN 23 2009</b>			

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