INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 1921 - 09

45-11-15- DOG DE BANGOO. 036

Decedent's Legal Name (First, Middle, Last)			1a, Maiden Last Name (If Female)			2 Sex L	3. Time 0	of Death 4.	Date Of Death (Month/Day/Yea	r)	
JIMMY E. MURPHY			N/A			MAL	E _p 18:4		AY 19, 2009 State Or Foreign Country)		
240 12 2070 75	b. Under 1 Year 6c. University of 1997 Months Days		Hours Minutes		7. Date	30	1933	WHITE, BL	UFFS, TENN.		
	ccurred In A Hospita	l:		10a. If Death	Occurred Somewhere	MILL	3 4 k. tota 394t	JER TER	·		
X Yes No Unknown Image: Impatient Image: Emergency Department Outpatient Image: Dead On Arrival Image: Pacifity Name (If Not Institution, Give Street And Number) 11. Facility Name (If Not Institution, Give Street And Number)											
ST. MARGARET MERCY H	OSPITAL	SOUTH			,						
12. City Or Town, State, And Zip Code			13. County Of Death				14. Marital Status At Time Of Death Married ☐ Married, But Separated ☐ Divorced				
DYER			LAKE				☐ Widowed ☐ Never Married ☐ Unknown 17. Kind Of Business/Industry				
			e Maiden Last Name	n Last Name 16. Decedent's Usual Occupation			17. Kino Or Business/Industry				
MARIANNE MURPHY 18. Residence - State 18a. C		LOFTUS		ARCHITECT		Γ	ARCHITECTURAL				
		LAKE	SC		CHERERVILLE			18e. Zip Code 18f. Inside City Limits?			
18c. Street And Number 526 JAMES WITTCHEN DR.						181	d. Apt. No.	46375	Yes □ No	nits:	
19. Decedent's Education 20. Decedent Of Hispa			ic Origin	Drigin 21. Decedent's Race					<u> </u>		
4+ YRS. COLLEGE NO			WHITE								
22. Father's Name (First, Middle, Last)				23. Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name			
PAUL E. MURPHY 24. Informant's Name 24a. Relationship			o Decedent	HELMA MURPHY 24b. Mailing Address (Street And Number, City, State, Zi			ate, Zip Code)	PARRISH			
MARIANNE MURPHY WIFE 526 JAMES WITTCHEN DR. SCHERERVILLE, IND. 46375											
25a. Method Of Disposition	25b. Place O	f Disposition (Name Of		ace Of Dispo: , Other Place)		ion - City, Town	, And State				
Burial To Cremation Donation Donation Cremation MAY 21, 2009 CHICAGO HTS., ILLINOIS											
26. Was Coroner Contacted? LZTNC ☐ Yes ☐ No 7607	OLN RID	E FUNERA OLN HWY.	L HOME	OTNTV	Partanad	2 6307		e Military (1986)	7a. Funeral Home License Num	ber:	
27b. Signature Of Indiana Funeral Service Licensee:	W. Lin	7	OROWIN I	OIIII,	THDITHE		icense Number (O		00000070		
Colin Tu		FD01008300									
20 Part Fatar The Chair Of Franta Pica			•		ons And Example				Approximat	te	
 Part I. Enter The <u>Chain Of Events</u>—Diseases, <u>Injuries</u>, Or <u>Complication</u>. Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation With A Line. Add Additional Lines if Necessary. 			Showing The Etiology. Do Not Abbreviate. En			er Only One Cause On			Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition	n Resulting In De	ath A.	_Car	dio	Due To (Or A	m on	Or V	Hrr	est Sax	200	
Sequentially List Conditions, If Any, Leading	To The Cause Lis	sted On B.	500	· +	Sh	ock			Min	1700	
Line A. Enter The Underlying Cause (Diseas The Events Resulting In Death) Last	mo	1+1	Organia Ora	'1	Fa	lure	Hou	اور			
		D.	mer	ucst	Lue 10 (OF A	s A Consequence C	2000	Carc	ina Ye	urs	
Part II. Enter Other <u>Significant Conditions Contributing</u>	To Death But Not F	Resulting In The Underl	ying Cause Given In F	Part I	30. Were 7	Autopsy Finding		Yes No	Death? Yes No	,-1	
31. Did Tobacco Use Contribute To Death?	32 If Female	1/0			C:	3	33. Manner Of Dea	ıth:			
☐ Yes ☐ Probably ☐ No ☐ HKnown		t Within Past Year Pre		☐ Not Pregnant, Bu ☐ Unknown If Pregn	t Pregnant Within 42 Days ant Within The Past Year		→ Notaral □ Homicio	de □ Accident □ Pendi	ng Investigation		
34. Date Of Injury (Month/Day/Year)	35. Time Of	Injury	36. PI	ace Of Injury (E.	G., Decedent's Hom	alistru on	e, Rest		37. Injury At Work?		
38. Location Of Injury - State	38a. City Or	Fown	38h 5	Street & Number				38c. Apt. No.	Yes No		
33. Eduloi of Injury - State	Jour. Oity Of		000.			SEP 1	0 2009		01624		
39 Describe How Injury Occurred	<u> </u>				PEGG	Y HOLI	40. If Transporta	ation Injury, Specify: ☐ Passenger ☐ Pede	strian Other (Specify)		
39 Describe How Injury Occurred PEGGY HOLIND Performance Pedestrian Cither (Specify) AKE COUNTY AND ONA 41. Signature. Of Person Certifying Cause of Death: August County Coroner Coroner Health Officer											
41. Signature. Of Person Certifying Cause Of Death:	120	42. Certifier (Checl			Check Only- ⊘be ∤ g Physician 🔲 Co	k Only-Deal () -} sician					
43. Name, Address And Zip Code Of Person C	ertifying Cause O	f Death:					44. License		45. Date Certified		
JOHN A. HOEHN, D.O.			HWY., SC	HERERV	ILLE, IN	46375		872	05/20/09	25	
46. Midditional Funeral Service Provider:							47. *Akas:		- مدد : آ	.n	
48. Signature of Local Health Officer:									PR		
Sugar 127	3.4	۸۵			[111	(M)	Long	[L	17	