

**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**



Local No. #09-387

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>Edrina M. Coulter</b>				1a. Maiden Last Name (if Female) <b>Mounia</b>		2. Sex <b>Female</b>	3. Time Of Death <b>8:22 AM</b>	4. Date Of Death (Month/Day/Year) <b>August 14, 2009</b>		
5. Social Security Number <b>303-68-5327</b>		6a. Age - Yrs <b>51</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>October 2, 1957</b>		8. Birthplace (City And State Or Foreign Country) <b>Gary, Indiana</b>	
9. Ever In U.S. Armed Forces? <input checked="" 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>2724 Jefferson Street</b>										
12. City Or Town, State, And Zip Code <b>Gary, Indiana</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>Alan C. Coulter</b>			15a. (If Wife) Give Maiden Last Name <b>N/A</b>		16. Decedent's Usual Occupation <b>Administrative Assistant</b>		17. Kind Of Business/Industry <b>Bottling Company</b>			
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>			18b. City Or Town <b>Gary</b>			18d. Apt. No.	18e. Zip Code <b>46407</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>12th Grade</b>			20. Decedent Of Hispanic Origin <b>NO</b>		21. Decedent's Race <b>Black</b>					
22. Father's Name (First, Middle, Last) <b>Webster B. Mounia</b>				23. Mother's Name (First, Middle, Last) <b>Bernice Mounia</b>			23a. Father's Maiden Last Name <b>Johnson</b>			
24. Informant's Name <b>Alan C. Coulter</b>		24a. Relationship To Decedent <b>Husband</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2724 Jefferson Street Gary, Indiana 46407</b>						
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>August 21, 2009 Evergreen Cemetery</b>			25c. Location - City, Town, And State <b>Hobart, Indiana</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Guy &amp; Allen Funeral Directors, Inc. 2959 West 11th Avenue Gary, Indiana 46404</b>			27a. Funeral Home License Number: <b>83007704</b>					
27b. Signature Of Indiana Funeral Service Licensee: 					27c. License Number (Of Licensee): <b>#08700298</b>					
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>Nephrotic syndrome</b> B. <b>Acute myocardial infarction</b> C. <b>Myocardial infarction</b> D. <b>Myocardial infarction</b> Approximate Interval: Onset To Death										
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 checked="" type="checkbox"/> No								
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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, 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			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. Apt. No.		38b. Zip Code	
38. Location Of Injury - State		38a. City Or Town <b>PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</b>			38c. Apt. No.		38b. 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 					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>Dr. Satish Patel 9108 Columbia Ave Muncie, IN 46321</b>						44. License Number <b>01042343</b>		45. Date Certified <b>08/18/09</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year) <b>AUG 19 2009</b>				

**NOT OFFICIAL!**  
This document is the property of the Lake County Recorder.

**FILED**

**PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR**

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