



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. .... Parcel # 45-17-31-126-007-000-044 State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>BESSIE BARBARA KEPCHAR</b>				1a. Maiden Last Name (If Female) <b>CINGER</b>		2. Sex <b>Female</b>	3. Time Of Death <b>6:45 PM</b>	4. Date Of Death (Month/Day/Year) <b>Sept. 11, 2008</b>	
5. Social Security Number <b>431-50-0894</b>	6a. Age - Yrs <b>76</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>Feb. 12, 1932</b>		8. Birthplace (City And State Or Foreign Country) <b>Dardanelle, Arkansas</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 checked="" 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 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>Regency Hospital Company</b>									
12. City Or Town, State, And Zip Code <b>Portage, IN 46368</b>				13. County Of Death <b>Porter</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>Alex Kepchar</b>			15a. (If Wife) Give Maiden Last Name <b>n/a</b>		16. Decedent's Usual Occupation <b>Home Maker</b>		17. Kind Of Business/Industry <b>Own Home</b>		
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Crown Point</b>					
18c. Street And Number <b>5427 E. 141st Avenue</b>				18d. Apt. No.		18e. Zip Code		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>High School (12)</b>		20. Decedent Of Hispanic Origin <b>No</b>		21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>Not Available</b>			23. Mother's Name (First, Middle, Last) <b>Not Available</b>			23a. Mother's Maiden Last Name			
24. Informant's Name <b>Alex Kepchar</b>		24a. Relationship To Decedent <b>Husband</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>5427 E. 141st Ave., Crown Point, IN 46307</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>Northwest Indiana Cremation</b>			25c. Location - City, Town, And State <b>Crown Point, IN</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>							
27b. Signature Of Indiana Funeral Service Licensee: <i>Jovan Samich</i>				27c. License Number (Of License) <b>FD08601292</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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death) A. myocardial ischemia</b> <b>B. coronary artery disease</b> <b>C. tobacco dependence</b>									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.									
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 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		38b. Street & Number		38c. Apt. No.		38d. Zip Code <b>013635</b>	
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</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>JOSE AGUISTI, MD 2040 HAMSTRAM RD. PORTAGE, IN 46308</b>						44. License Number <b>01001024AA</b>		45. Date Certified <b>9-16-08</b>	
46. Additional Funeral Service Provider:				47. *Akas:					
48. Signature of Local Health Officer: <i>Ray A. Bobroka MD</i>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>September 24, 2008</b>					

Parcel # 45-17-31-126-007-000-044

2009 OCT 27 PM 1:32

STATE OF INDIANA  
LAKE COUNTY  
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MICHAEL A. BROWN  
RECORDER

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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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