



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3507-09 Parcel # 45-11-04-1476-003-000-036 State No. LAKE COUNTY

1. Decedent's Legal Name (First, Middle, Last) Mary Catherine Bergner
1a. Maiden Last Name (If Female) Smith
3. Time Of Death 8:20 a.m.
4. Date Of Death (Month/Day/Year) October 1, 2009
5. Social Security Number 313-36-3998
6a. Age - Yrs 72
6b. Under 1 Year 2009
6c. Under 1 Month 072802
6d. Under 1 Day
6e. Under 1 Hour
6f. Under 1 Minute
7. Date Of Birth (Month/Day/Year) 2009 OCT 29 September 13, 1937
8. Birthplace (City And State Or Foreign Country) Michigan
9. Ever In U.S. Armed Forces? No
10. If Death Occurred In A Hospital: Inpatient
10a. If Death Occurred Somewhere Other Than A Hospital: Decedent's Home
11. Facility Name (If Not Institution, Give Street And Number) Progressive Hospital
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307
13. County Of Death Lake
14. Marital Status At Time Of Death Married
15. Surviving Spouse's Name Edward Bergner
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation Homemaker
17. Kind Of Business/Industry Own Home
18. Residence - State Indiana
18a. County Lake
18b. City Or Town Schererville
18c. Street And Number 166 Division
18d. Apt. No.
18e. Zip Code 46375
18f. Inside City Limits? Yes
19. Decedent's Education 8th grade
20. Decedent Of Hispanic Origin
21. Decedent's Race White
22. Father's Name (First, Middle, Last) Harry Smith
23. Mother's Name (First, Middle, Last)
23a. Mother's Maiden Last Name
24. Informant's Name Edward Bergner
24a. Relationship To Decedent Husband
24b. Mailing Address (Street And Number, City, State, Zip Code) 166 Division, Schererville, IN 46375
25. Method Of Disposition Burial
25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Chapel Lawn Memorial Gardens
25c. Location - City, Town, And State Schererville, Indiana
26. Was Coroner Contacted? No
27. Name And Complete Address Of Funeral Facility Eagen Miller Funeral Home 2828 Highway 46322, Highland, IN 46322
27a. Funeral Home License Number: FH83003035
27b. Signature Of Indiana Funeral Service Licensee
27c. License Number (Of Licensee) FDO1006861
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. Respiratory failure
B. End stage chronic obstructive pulmonary disease
C. Tobacco dependence
28. 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? No
30. Were Autopsy Findings Available To Complete The Cause Of Death? No
31. Did Tobacco Use Contribute To Death? Yes
32. If Female: Not Pregnant Within Past Year, Pregnant At Time Of Death, Not Pregnant, But Pregnant 43 Days To 1 Year Before Death, Unknown If Pregnant Within The Past Year
33. Manner Of Death: Natural
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? No
38. Location Of Injury - State
38a. City Or Town PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR
38b. Street & Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify: Driver/Operator
41. Signature, Of Person Certifying Cause Of Death:
42. Certifier (Check Only One) Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOSE AGUSTI 2040 HAMSTROM RD PORTAGE, IN 46368
44. License Number 01021624A
45. Date Certified 10-8-09
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: Susan W. But. D.O.
49. For Registrar Only - Date Filed (Month/Day/Year): October 13, 2009