



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 3894-09 Parcel # 45-11-05-276-032-000-036 State No. 000-036

1. Decedent's Legal Name (First, Middle, Last) LETHORNE CATHERINE O'CONNOR		1a. Maiden Last Name (If Female) MCMAHON		2. Sex F		3. Time Of Death 9:16A		4. Date Of Death (Month/Day/Year) NOVEMBER 15, 2009	
5. Social Security Number 336-09-0615		6a. Age Yrs 92		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) December 25, 1916		8. Birthplace (City And State Or Foreign Country) CHICAGO, ILLINOIS					
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 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) 234 HOLLY LANE									
12. City Or Town, State, And Zip Code SCHERERVILLE, INDIANA 46375					13. County Of Death LAKE			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 N/A			15a. (If Wife) Give Maiden Last Name N/A			16. Decedent's Usual Occupation ARTIST			
17. Kind Of Business/Industry SELF EMPLOYED		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SCHERERVILLE		18c. Street And Number 234 HOLLY LANE	
18d. Apt. No. N/A		18e. Zip Code 46375		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education High school graduate or GED completed			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) WILLIS A. MCMAHON					23. Mother's Name (First, Middle, Last) LETHA MCMAHON				
24. Informant's Name JACKIE MULDER			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 18044 ARCADIA AVE. LANSING, ILLINOIS 60438				
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) ST. MARY CEMETERY			25c. Location - City, Town, And State CHICAGO, ILLINOIS				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME, 8178 SOUTH CLINE AVENUE, SCHERERVILLE, INDIANA 46375			27a. Funeral Home License Number: FH1860005				
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>					27c. License Number (Of Licensee) FD20500007				
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. CORONARY ARTERY DISEASE Due To (Or As A Consequence Of): B. HEART FAILURE Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ 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									
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 type="checkbox"/> No <input checked="" 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 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				
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
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: <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: MAREK ODEHNAL, 10200 WICKER AVE, ST JOHN, IN 46373					44. License Number 01060578A		45. Date Certified 11-17-09		
46. Additional Funeral Service Provider:					47. *Akas:				
48. Signature of Local Health Officer: <i>[Signature]</i>					49. For Registrar Only - Date Filed (Month/Day/Year): November 17, 2009				

0009 01/19/330

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
DEC-11 AM 9:41
MICHAEL A. BROWN
RECORDER
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
DEC 01 2009

