

45-12-21-127-016-000-030



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 4142-08

STATE OF INDIANA
LAKE COUNTY

FILED FOR RECORD
10:25A.M.

4. Date Of Death (Month/Day/Year)
DECEMBER 3, 2008

1 Decedent's Legal Name (First, Middle, Last) TINA L. FLETCHER
1a Maiden Last Name (if Female) GOBLE

5 Social Security Number 319-48-9113
6a Age Yrs 55
6b Under 1 Year Months
6c Under 1 Month Days 2010
6d Under 1 Week Days
6e Under 1 Hour Minutes 002274
7 Date of Birth (Month/Day/Year) December 31, 1952
8 Place of Birth (City and State or Foreign Country) FARMER CITY, ILLINOIS

9 Ever In U.S. Armed Forces? Yes No Unknown
10 If Death Occurred In A Hospital. Inpatient Emergency Department Outpatient Dead On Arrival
10a If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Nursing Home/Long-Term Care Facility Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number)
ST. ANTHONY IN-PATIENT HOSPICE

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 Married, But Separated Divorced Widowed Never Married Unknown

15 Surviving Spouse's Name N/A
15a. (If Wife) Give Maiden Last Name --
16 Decedent's Usual Occupation INFORMATIONAL TECHNOLOGIST
17. Kind Of Business/Industry TOWN OF ST. JOHN

18 Residence - State INDIANA
18a County LAKE
18b City Or Town MERRILLVILLE

18c Street And Number 790 W. 79TH AVE
18d Apt. No.
18e Zip Code 46410
18f Inside City Limits? Yes No

19. Decedent's Education Associate degree (e.g., AA, AS)
20 Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino
21 Decedent's Race White

22 Father's Name (First, Middle, Last) LEE SAYLOR GOBLE
23 Mother's Name (First, Middle, Last) CONSTANCE MARIE GOBLE
23a. Mother's Maiden Last Name BURTON

24. Informant's Name MARK MACHIN
24a Relationship To Decedent FRIEND
24b. Mailing Address (Street And Number, City, State, Zip Code) 790 W. 79TH AVENUE, MERRILLVILLE, INDIANA 46410

25a. Method Of Disposition Burial Cremation
 Donation Entombment Removal From State
 Other (Specify)
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Geisen Cremation Centre
25c. Location - City, Town, And State CROWN POINT, INDIANA

26 Was Coroner Contacted? Yes No
27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL HOME, INC. 7905 BROADWAY, MERRILLVILLE, INDIANA 46410
27a Funeral Home License Number. FB4080005

27b Signature Of Indiana Funeral Service Licensee. *Alays Howard*
27c License Number (Of Licensee) FDO8600505

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 Lung Carcinoma Due To (Or As A Consequence Of)
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
B
C
D

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? Yes No
30 Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

31 Did Tobacco Use Contribute To Death? Yes Probably No Unknown
32 If Female Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days 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 Homicide Accident Pending Investigation Suicide 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, Warehouse, etc.)
37 Injury At Work? Yes No

38 Location Of Injury - State
38a City Or Town
38b Street & Number

39 Describe How Injury Occurred
40 If Transportation Injury, Specify Driver/Operator Passenger Pedestrian Other (Specify)

41 Signature Of Person Certifying Cause Of Death *George Babchuk*
42 Certifier (Check Only One) Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: George Babchuk, M.D., 12800 Mississippi Parkway, Crown Point, IN 46307
44 License Number 01631717
45 Date Certified 12/4/08

46 Additional Funeral Service Provider
47. *Akas

48 Signature of Local Health Officer *Susan W. Best, D.O.*
49 For Registrar Only - Date Filed (Month/Day/Year) December 9, 2008



FILED
JAN 13 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

050:160

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11/2
BS