

(6)

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No 3942-09

State No

| | | | | | | | | |
|--|----------------------------|--|---|---|---|--|---|--|
| 1. Decedent's Legal Name (First, Middle, Last) Marlene M. Johnson | | | 1a. Maiden Last Name (If Female) Styck | | 2. Sex Female | 3. Time of Death 12:15 PM | 4. Date of Death (Month/Day/Year) November 15, 2009 | |
| 5. Social Security Number 309-32-9370 | 6a. Age - Yrs 76 | 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) August 27, 1933 | | 8. Birthplace (City And State Or Foreign Country) Morocco, Indiana |
| 9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 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 checked="" 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) St. Anthony 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 <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 James Johnson | | 15a. (If Wife) Give Maiden Last Name N/A | | 16. Decedent's Usual Occupation Homemaker | | 17. Kind Of Business/Industry Own Home | | |
| 18. Residence - State Indiana | | 18a. County Lake | | 18b. City Or Town Crown Point | | | | |
| 18c. Street And Number 804 N. Sherman | | | 18d. Apt. No. N/A | | 18e. Zip Code 46307 | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Decedent's Education 12 | | 20. Decedent Of Hispanic Origin Non-Hispanic | | 21. Decedent's Race White | | | | |
| 22. Father's Name (First, Middle, Last) Adam Styck | | | 23. Mother's Name (First, Middle, Last) Elsie Styck | | 23a. Mother's Maiden Last Name Atkinson | | | |
| 24. Informant's Name James Johnson | | 24a. Relationship To Decedent Husband | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 804 N. Sherman Crown Point, Indiana 46307 | | | | |
| 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) Maplewood Memorial Cemetery | | | 25c. Location - City, Town, And State Crown Point, Indiana 46307 | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility Geison Funeral Home, Crown Point 606 E. 113th Ave., Crown Point, Indiana 46307 | | | | 27a. Funeral Home License Number: FH19900060 | | |
| 27b. Signature Of Indiana Funeral Service Licensee: <i>Larry Hein</i> | | 27c. License Number (Of Licensee): FD09000013 | | 27d. Date Of Death: 2009-11-15 | | | | |
| 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. Alzheimer's dementia Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ 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 | | |
| 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" 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 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>Erin Vicari</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: Erin Vicari, M.D., 2050 N. Main St., Crown Point, Indiana 46307 | | |
| 44. License Number 01061783A | | | | 45. Date Certified 11/19/09 | | | | |
| 46. Additional Funeral Service Provider: | | | | | | 47. *Akas: | | |
| 48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i> | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): 025583 November 20, 2009 | | |

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR