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PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave. Suite 104 Valparaiso, IN 46383

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DECEDENT

RENTS

FORMANT

POSITION

USE OF VTH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) John L. Hunter		2. SEX Male	3a. TIME OF DEATH 5:37 P M	3b. DATE OF DEATH (Month, Day, Yr.) July 18, 2000
4. SOCIAL SECURITY NUMBER [REDACTED] T696	5a. AGE—Last Birthday (Years) 82	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Aug. 20, 1917
7. BIRTHPLACE (City and State or Foreign Country) Smithfield, Penn.	8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	
9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) VNA Mary E. Bartz Hospice Center		9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9d. COUNTY OF DEATH Porter
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Mildred A. Barnes	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Office Manager		12b. KIND OF BUSINESS/INDUSTRY Trucking Company
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith		13d. STREET AND NUMBER 1003 West Ash St.
13e. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary, Secondary (10-12) College (1-4 or 5 +) 12		
18. FATHER'S NAME (First, Middle, Last) John Hunter		19. MOTHER'S NAME (First, Middle, Maiden Surname) (unavailable)		
20a. INFORMANT'S NAME (Type/Print) Mildred A. Hunter		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1003 West Ash St., Griffith, Ind. 46319		20c. Relationship Wife
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 21, 2000 Chapel Lawn Cemetery		21c. LOCATION—City or Town, State Schertzville, Indiana
22a. EMBALMER'S NAME Edgar C. Gleim		22b. EMBALMER'S LICENSE NO. FDO 1016173		23. WAS DEATH REPORTED TO CORoner? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR C.H. Kupfer		24b. LICENSE NUMBER (of Licensee) FDO 1014511		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Indianman Rd. Highland, Indiana 46322 FH 83007500
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Possible Acute Coronary Event a. DUE TO (OR AS A CONSEQUENCE OF): ATHEROSCLEROSIS b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last		PETER BENJAMIN LAKE COUNTY AUDITOR		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. Hypertension, CVA, COPD CHF, AF Anemia		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER [Signature]		29c. MEDICAL LICENSE NO. 01027498		29d. DATE SIGNED (Month, Day, Year) 7/20/00
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) John F. Perez M.D. 513 Ridge Rd. Munster, IN 46321				
31. HEALTH OFFICER'S SIGNATURE Mary A. [Signature]				32. DATE FILED (Month, Day, Year) July 20, 2000
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 051460		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

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LAKE COUNTY RECORDER
FILED
PETER BENJAMIN
LAKE COUNTY AUDITOR

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