



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

KEY NOS. 45-03-07-431-026.000-023
45-03-07-431-027.000-023
45-03-07-431-028.000-023

Local No. 741-09

State No.

1. Decedent's Legal Name (First, Middle, Last) Beulah I. Farris				1a. Maiden Last Name (if Female) Dicks		2. Sex Female	3. Time Of Death 7:45 AM	4. Date Of Death (Month/Day/Year) July 05, 2009			
5. Social Security Number 309-62-4423	6a. Age - Yrs 93	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) Feb. 05, 1916		8. Birthplace (City And State Or Foreign Country) Iconium, Iowa			
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 type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (if Not Institution, Give Street And Number) Hammond-Whiting Care Center											
12. City Or Town, State, And Zip Code Hammond (Whiting PO)					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 None			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Bookkeeper		17. Kind Of Business/Industry Automotive				
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Whiting		18d. Apt. No.	18e. Zip Code 46394	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number 2226 White Oak Avenue			19. Decedent's Education 10th Grade		20. Decedent Of Hispanic Origin No		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Merle Rex Dicks				23. Mother's Name (First, Middle, Last) Della Dicks			23a. Mother's Maiden Last Name Shennan				
24. Informant's Name Larry R. Farris		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 2203 Lake Avenue Whiting, Indiana 46394							
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) Chapel Lawn Memorial Gardens		25c. Location - City, Town, And State Schererville, Indiana						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Owens-Ruzich Funeral Home and Cremation Service 816 - 119th Street Whiting, Indiana 46394					27a. Funeral Home License Number: FD00700045				
27b. Signature Of Indiana Funeral Service Licensee: <i>David W. Ruzich</i>				27c. License Number (Of Licensee) FD01008643		27d. State Of Indiana License Number: FD00700045					
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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due To (Or As A Consequence Of): B. HYPERTENSION Due To (Or As A Consequence Of): C. BREAST CANCER 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					
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 checked="" 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"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		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>Peggy Holinga Katona</i> JUL 14 2010					
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 PEGGY HOLINGA KATONA LAKE COUNTY, INDIANA		44. License Number 01036954A		45. Date Certified 7/7/09	
46. Additional Funeral Service Provider:						47. *Akes:					
48. Signature of Local Health Officer: <i>Susan W. Best D.O.</i> 002836						49. For Registrar Only - Date Filed (Month/Day/Year): July 8, 2009					