## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

20.20											
_	Local No		1a. Maiden Last Name (If Female)			State No					
	MARJORIE KEEVER		KEEVER			FEMALE					
1				6d. Under 1 Day		7. Date	Of Birth (Month/Day)	1	سنسا	City And State Or Foreign Country)	
	9811 82 Months	, [	lays	Hours	Minutes		1, 192	i	, ind	IANA	
Ì	9. Ever In U.S. Armed Forces? 10. If Death Occur				10a. If Death Occurred				Constant	N - (0 if-)	
ł	☐ Yes XNo Unknown ☐ ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival ☐ 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 HOSPICE										
	12. City Or Town, State, And Zip Code	13. County Of Death			14. Marital Statut Tyme Of Death  ☐ Married ☐ Married, But Separated ☐ Divorced						
	CROWN POINT		LAKE	-		□ Widov	ved 💹 Nev	er Married Unknown			
Ī				Give Maiden Last Name 16. Decedent's Usual C			•				
	N/A 8. Residence – State 18a. County			SALESCLI 18b. City Or Town			ERK	RK RETAIL SALES			
	INDIANA LAKE			CROWN POINT						× .	
	18c. Street And Number						18d. Ap	t. No.	8e. Zip Cod	18f. Inside City Limits?	
	408 THOMAS STREET										
	19. Decedent's Education	c Origin	21. 0	е	W.	Cons	Tank T				
	IGH SCHOOL GRADUATE NO Father's Name (First, Middle, Last)								23a. Mot		
3	Father's Name (First, Middle, Last)  RLANDO KEEVER			23. Mother's Name (First, Middle, Last)				Ē	10.00	MILTON	
7	24. Informant's Name	LENA KEEVER  o Decedent 24b. Mailing Address (Street And Number, City				ip Code)	14/				
3	SHARON HAYNES		NIECE		408 THOM	AS, S	c., crow	n point	IN	46307 <sup>&lt; }</sup>	
J	25a. Method Of Disposition.	25b Place Of Di	sposition (Name Of		Place Of Disposition	25c. Locatio	on – City, Town, And	State			
	☐ Burial XI Cremation ☐ Donation ☐ Entombment					CDC	MAN DOTN	TNDTA	BT A		
5	NW INDIANA CREMATIONS SERVICE CROWN POINT, INDIANA Other (Specify):										
Ì	Was Coroner Contacted?  27. Name And Complete Address Of Funeral Facility  27a. Funeral Home License Number:  27b. Mane And Complete Address Of Funeral Facility  27c. Puneral Home License Number:										
1	27b. Signature of Indiana Funeral Service License	Yes M No BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307 83002445									
0	Chamas &		27c. License Number (Of Licensee) <b>20700059</b>								
٥	Cause Of Death (See Instructions And Examples)										
	28. Fart I. Enter The <u>Chain Of Events</u> —Disease Such As Cardiac Arrest, Respiratory Arrest, Or V	s, Injuries, Or C entricular Fibrilla	omplications—Th ition Without Sho	at Directly Cat wing The Etio	ised The Death, Do No og), Do Not Abbreviate	ot Enter Term e. Enter Only	ninal Events One Cause On	_	0	Approximate Interval: Onset	
	A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Re	Line. Add Additional Lines If Necessary.									
,	· · · · · · · · · · · · · · · · · · ·	-		(	Daget.	Due To (Or As	A Gons quence Off.	115	$\mathcal{A}$		
1	Sequentially List Conditions, If Any, Leading To T Line A. Enter The Underlying Cause (Disease O The Events Resulting In Death) Last			(	J. 7	Due rollor As	Conferments on:	PO		Dica	
3	The Events resuming in Bounty 2000					<del>1, 7, 0, √</del> s	Consellating Con:		eposa.	10300	
•	Part II. Enter Other Significant Conditions Contributing To	Death But Not Res	D. ulting in The Underly	ing Cause Given	In Part I	29. Wa An	to y Performed	?	IX No	Dooth?	
3						30. Te				∐ Yes ∐ No	
٠	31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☐ Unknown	3.4			n ☐ Not Pres C, But Pregnant	t Within 42 Days	33. M	35. manner of Death:			
	34. Date Of Injury (Month/Day/Year)	Not Pregnant, Bu 35. Time Of Inju		Year Before Death 36.	Unknown Regnant Within Place Of Injury (E.G., Dec	The past war edent's Home,	Construction Sec. 8	Could Not Be Det	emined ea)	37. Injury At Work?	
ار					JU		GAMION	THE CEPTIFICA	And the control of th	Yes No PN	
-	38. Location Of Injury - State	38a. City Or Tow	n	381	Street & Number	HOFI	7 7	AKE COUNTY NEX	APENNEZE THICATE OF	38d: ZIP Code  A THUE AND COMPLETE  DEATH ON FILE WITH	
,					PEGG.	, c <sub>On,</sub>	11/40	If Transnortation Initia	H DEPART	DEATH ON FILE WITH THE	
	39 Describe How Injury Occurred	"LAKE	Not Prose								
١	0 0										
6	41. Signature, of Person Certifying Cause of Death:	11)		42. Certifier(Check Only One)  ☑ Certifying Physician □ Coroner □ Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  CROWN POINT  CROWN POINT									~ 4	45. Date Certified	
BERNARDO S. LUCENA, M.D., 12800 MISSISSIPPI PKWY IN. 46307										8119108	
46. Additional Funeral Service Provider: 47. *Akas:											
	48. Signature of Local Health Officer:  49. For Registrar Only – Date Filed (Month/Day/Year):  49. Local Health Officer:  49. Local Health Officer:									): 	
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State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and