



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2093-10

State No.

1. Decedent's Legal Name (First, Middle, Last) Linda Maureen Connelly				1a. Maiden Last Name (If Female) McGregor		2. Sex Female	3. Time Of Death 5:45 PM	4. Date Of Death (Month/Day/Year) July 05, 2010			
5. Social Security Number 310-48-2587	6a. Age - Yrs 63	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) Dec. 04, 1946		8. Birthplace (City And State Or Foreign Country) Hammond, 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 type="checkbox"/> Hospice Facility <input checked="" 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) 1249 Davis Avenue											
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 checked="" type="checkbox"/> Divorced <input 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 Administrator Assistant		17. Kind Of Business/Industry Paint and Lead				
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Whiting							
18c. Street And Number 1249 Davis Avenue				18d. Apt. No.		18e. Zip Code 46394		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High School Graduate		20. Decedent Of Hispanic Origin No		21. Decedent's Race White							
22. Father's Name (First, Middle, Last) James McGregor			23. Mother's Name (First, Middle, Last) Eva McGregor		23a. Mother's Maiden Last Name Trapac						
24. Informant's Name Chris J. Connelly		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 1249 Davis Avenue Whiting, Indiana 46394							
25a. Method Of Disposition: <input 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: FH10700040					
27b. Signature Of Indiana Funeral Service Licensee: 				27c. License Number (Of Licensee): FD20900076		27d. Date Of Death (Month/Day/Year) 2010 OCT - 8 PM 5:01					
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. <u>Non-small cell lung cancer</u> Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ 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											
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. Pregnancy: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43-1 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) THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City		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: 				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 1041301		45. Date Certified 7/6/10			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. Morgan Thurg 1630 W. 45 Ave Munster, IN 46321				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) July 8, 2010							

FILED
OCT 08 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

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