



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1690-10

State No. _____

1. Decedent's Legal Name (First, Middle, Last) BERNARD M. MCGHEE				1a. Maiden Last Name (if Female)		2. Sex M	3. Time Of Death 4:25 PM	4. Date Of Death (Month/Day/Year) MAY 27, 2010
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5. Social Security Number 360-16-9079	6a. Age Yrs 82	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) June 11, 1927	8. Birthplace (City And State Or Foreign Country) W. FRANKFORD, ILLINOIS	
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9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	10. If Death Occurred In A Hospital: <input checked="" 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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
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11. Facility Name (if Not Institution, Give Street And Number) METHODIST HOSPITAL								
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12. City Or Town, State, And Zip Code MERRILLVILLE, INDIANA 46319				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		
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15. Surviving Spouse's Name PEGGY MCGHEE			15a. (If Wife) Give Maiden Last Name WHITINGTON			16. Decedent's Usual Occupation TRUCK DRIVER		17. Kind Of Business/Industry UNION CARBIDE	
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18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18c. Street And Number 1034 N. RENNELAER		18d. Apt. No.	18e. Zip Code 46319	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19. Decedent's Education 9-12th grade, no diploma		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White		
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22. Father's Name (First, Middle, Last) LAYMON MCGHEE			23. Mother's Name (First, Middle, Last) LIZZIE MCGHEE			23a. Father's Maiden Last Name WEAVER		
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24. Informant's Name SHELIA GLOVER		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1034 N. RENNELAER, GRIFFITH, INDIANA 46319			
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25. Place Of Disposition CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, INDIANA		
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE 921 W. 45TH AVENUE GRIFFITH, INDIANA 46319				27a. Funeral Home License Number: 10690026	
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28. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>		27c. License Number (Of Licensee) FD08700086		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.			
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Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIOMYOPATHY		Due To (Or As A Consequence Of): B. END STAGE RENAL DISEASE		Due To (Or As A Consequence Of): C. HYPERTENSION	
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			

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 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 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	
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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	
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38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
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39. Describe How Injury Occurred				40. If Transportation Injury, Specify: NOV 17 2010		41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Raied Abdullah, MD 9229 Taft, Merrillville, IN, 46410				44. Date Certified 6/2/10		45. *Akas:	
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46. Additional Funeral Service Provider:				47. *Akas:		48. Signature of Local Health Officer: <i>[Signature]</i>		49. For Registrar Only - Date Filed (Month/Day/Year): June 2, 2010	
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FILED
NOV 02 2010
APPROXIMATE INTERVAL: ONSET TO DEATH
NEARS
years

FILED

056091

NOV 17 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
610523501