INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2136-10   BT160 1232   State No. ....

Field	Entry
1. Decedent's Legal Name (First, Middle, Last)	Terry Joe Lovell
1a. Maiden Last Name (If Female)	
2. Sex	Male
3. Time Of Death	1:26 a.m.
4. Date Of Death (Month/Day/Year)	July 8, 2010
5. Social Security Number	303-42-1338
6a. Age – Yrs	69
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)	May 9, 1941
8. Birthplace (City And State Or Foreign Country)	Centertown, KY
9. Ever In U.S. Armed Forces?	☐ Yes ☒ No Unknown ☐
10. If Death Occurred In A Hospital:	☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival
10a. If Death Occurred Somewhere Other Than A Hospital	☒ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)
11. Facility Name (If Not Institution, Give Street And Number)	Wm J Riley Hospice Residence
12. City Or Town, State, And Zip Code	Munster, Indiana 46321
13. County Of Death	Lake
14. Marital Status At Time Of Death	☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name	
15a. (If Wife) Give Maiden Last Name	
16. Decedent's Usual Occupation	Fabrication
17. Kind Of Business/Industry	Superintendent
18. Residence – State	Indiana
18a. County	Lake
18b. City Or Town	Dyer
18c. Street And Number	7925 Tapper Place
18d. Apt No	
18e. Zip Code	46311
18f. Inside City Limits?	☒ Yes ☐ No
19. Decedent's Education	High School Graduate
20. Decedent Of Hispanic Origin	
21. Decedent's Race	White
22. Father's Name (First, Middle, Last)	Lewis Lovell
23. Mother's Name (First, Middle, Last)	Mary Lovell
23a. Mother's Maiden Last Name	Durham
24. Informant's Name	Lisa Gauthier
24a. Relationship To Decedent	Daughter
24b. Mailing Address (Street And Number, City, State, Zip Code)	8741 Prairie Avenue Highland, Indiana 46322

25. Place Of Disposition

Field	Entry
25a. Method Of Disposition	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	Chapel Lawn Cemetery
25c. Location – City, Town, And State	Schererville, Indiana
26. Was Coroner Contacted?	☐ Yes ☐ No
27. Name And Complete Address Of Funeral Facility	Fagen Miller Funeral Home 8580 Wicker Ave St John IN 46373
27a. Funeral Home License Number	FH10200006
27b. Signature Of Indiana Funeral Service Licensee	[signature]
27c. License Number (Of Licensee)	FD20400030

Cause Of Death (See Instructions And Examples)

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.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death	A.	Small cell lung cancer (Due To (Or As A Consequence Of))	9 months
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	B.	Due To (Or As A Consequence Of)	
	C.	Due To (Or As A Consequence Of)	
	D.		

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

Field	Entry
29. Was An Autopsy Performed?	☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death?	☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death?	☒ Yes ☐ Probably ☐ No ☐ Unknown
32. If Female:	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death:	☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?	☐ Yes ☐ No
38. Location Of Injury - State	
38a. City Or Town	
38b. Street And Number	
38c. Apt. No.	
38d. Zip Code	
39. Describe How Injury Occurred	
40. If Transportation Injury, Specify	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
41. Signature Of Person Certifying Cause Of Death	[signature]
42. Certifier (Check Only One)	☐ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death	Balagopal Keralavarma, M.D. Munster, IN
44. License Number	01052677A
45. Date Certified	7-12-10
46. Additional Funeral Service Provider	
47. *Akas	
48. Signature of Local Health Officer	Susan W Best DO
49. For Registrar Only – Date Filed (Month/Day/Year)	July 13, 2010

FILED DEC 07 2010 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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