



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3677-10

State No.

1 Decedent's Legal Name (First, Middle, Last) SHIRLEY MAE MURRAY
1a Maiden Last Name (If Female) Andersen
2 Sex Female
3 Time Of Death 10:00 PM
4 Date Of Death (Month/Day/Year) October 13, 2010

5 Social Security Number 360-12-8820
6a Age - Yrs 82
6b Under 1 Year
6c Under 1 Month
6d Under 1 Day
6e Under 1 Hour
7 Date Of Birth (Month/Day/Year) Nov. 4, 1927
8 Birthplace (City And State Or Foreign Country) Chicago, Illinois

9 Ever In U.S. Armed Forces?
10 If Death Occurred In A Hospital
10a If Death Occurred Somewhere Other Than A Hospital
11 Facility Name (If Not Institution Give Street And Number) St. Margaret Mercy Hospital
12 City Or Town, State, And Zip Code Dyer, Indiana 46311
13 County Of Death Lake
14 Marital Status At Time Of Death

15 Surviving Spouse's Name None
15a (If Wife) Give Maiden Last Name
16 Decedent's Usual Occupation Sales Associate
17 Kind Of Business/Industry Retail Store
18 Residence - State Indiana
18a County Lake
18b City Or Town Schererville
18c Apt No
18d Zip Code 46375
18e Inside City Limits?

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) William Andersen
23 Mother's Name (First, Middle, Last) Mary Andersen
23a Mother's Maiden Last Name Malacina

24 Informant's Name Thomas R. Murray
24a Relationship To Decedent Son
24b Mailing Address (Street And Number, City, State, Zip Code) 1605 Wren Court, Munster, Indiana 46321
25 Place Of Disposition
25a Method Of Disposition
25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) October 16, 2010 Community Cremation Service
25c Location - City, Town, And State Schererville, Indiana

26 Was Coroner Contacted?
27 Name And Complete Address Of Funeral Facility Anthony & Dziadowicz Funeral Home
27a Funeral Home License Number 83002916
27b Signature Of Indiana Funeral Service Licensee Larry D. Anthony
27c License Number (Of Licensee) 01001447

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. Acute hemorrhage - gastro-intestinal min
B. Leukemia - chronic myelomonocytic yr
C.
D.
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I
Diabetes; chronic pain, Dexta throat is, cardiac arrest

29 Was An Autopsy Performed?
30 Were Autopsy Findings Available To Complete The Cause Of Death?
31 Did Tobacco Use Contribute To Death?
32 If Female
33 Manner Of Death
33a Natural
33b Accidental
33c Pending Investigation
33d Suicide
33e 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?
38 Location Of Injury - State
38a City Or Town
38b Street & Number
38c Apt. No
38d Zip Code

39 Describe How Injury Occurred
40 If Transportation Injury, Specify
41 Signature Of Person Certifying Cause Of Death Kurt J. Giricz, D.O.
42 Certifier (Check Only One)
42a Certifying Physician
42b Coroner
42c Health Officer

43 Name, Address And Zip Code Of Person Certifying Cause Of Death Kurt Giricz, D.O., 840 Richard Road, Suite 3, Dyer, IN 46311
44 License Number 02000356
45 Date Certified October 15, 2010
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) October 15, 2010