

\* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No.....

Local No. 1906-07

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED - NAME (First, Middle, Last) Mary Catherine Sullivan				2. SEX Female		3a. TIME OF DEATH 1:28 am		3b. DATE OF DEATH (Month, Day, Yr.) December 1, 2007			
	4. SOCIAL SECURITY NUMBER 310-36-7305			5a. AGE - Last Birthday (Years) 70		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo., Day, Yr.) October 27, 1937		
DECEDENT	8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				7. BIRTHPLACE (City and State or Foreign Country) Gary Indiana			
	9b. FACILITY NAME (If not institution, give street and number) 2035 W. 75th Place				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville				9d. COUNTY OF DEATH Lake			
	10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) James Ronald Sullivan		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Medical Biller				12b. KIND OF BUSINESS/INDUSTRY St. James Hospital			
PARENTS	13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Merrillville		13d. STREET AND NUMBER 2035 W. 75th Place					
	13e. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE - American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 5+) 1	
INFORMANT	18. FATHER'S NAME (First, Middle, Last) Vincent Michael Kelner				19. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Dorothy Stunyo				20a. INFORMANT'S NAME (Type/Print) James Ronald Sullivan			
	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip code) 2035 W. 75th Place, Merrillville, IN				20c. Relationship Husband				21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			
DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 5, 2007 Calumet Park Cemetery				21c. LOCATION - City or Town, State Merrillville, Indiana				22a. EMBALMER'S NAME James F. Burns			
	22b. EMBALMER'S LICENSE NO. FD 01009461				23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				24. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>			
CAUSE OF DEATH	24b. LICENSE NUMBER (of licensee) FD01009461		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana									
	26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute myocardial infarction b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF)											
	PART II Other significant conditions - Conditions contributing to death but not previously stated 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes											
CERTIFIER	29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. Chief Deputy											
	29b. SIGNATURE AND TITLE OF CERTIFIER <i>James F. Burns</i>				29c. MEDICAL LICENSE NO. N/A				29d. DATE SIGNED (Month, Day, Year) December 5, 2007			
HEALTH OFFICER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307											
	31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Burt, D.O.</i>				32. DATE FILED (Month, Day, Year) December 5, 2007				33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			
34a. DATE OF INJURY (Month, Day, Year)			34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED #11 CS CA					
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 027035								
34g. DATE PRONOUNCED DEAD (Month, Day, Year) December 1, 2007				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.								

Parcel # 45-12-17-453-004-000-030

Document is NOT OFFICIAL  
This Document is the property of the Lake County Recorder  
MAILED MAY 31 2011  
PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

011097553  
MAY 31 2011  
ORD  
ANA