INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1485-09 State No. 45-07-27-176-004-000-026

1. Decedent's Legal Name (First, Middle, Last): BARBARA J. CASH	1a. Maiden Last Name (If Female): DANCIU	2. Sex: F	3. Time Of Death: 8:05 AM	4. Date Of Death (Month/Day/Year): APRIL 8, 2009	
5. Social Security Number: 306-56-9003	6a. Age Yrs: 72	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): July 26, 1936	8. Birthplace (City And State Or Foreign Country): EAST CHICAGO, INDIANA				
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): ST. MARGARET MERCY SOUTH CAMPUS					
12. City Or Town, State, And Zip Code: DYER, INDIANA 46311	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: JOHN V. CASH	15a. (If Wife) Give Maiden Last Name: N/A	16. Decedent's Usual Occupation: HOMEMAKER	17. Kind Of Business/Industry: OWN HOME		
18. Residence – State: INDIANA	18a. County: LAKE	18b. City Or Town: HIGHLAND			
18c. Street And Number: 3446 WIRTH ROAD	18d. Apt. No.: N/A	18e. Zip Code: 46322	18f. Inside City Limits? ☒ Yes ☐ No		
19. Decedent's Education: 8th grade or less	20. Decedent Of Hispanic Origin: No, not Spanish/Hispanic/Latino	21. Decedent's Race: White			
22. Father's Name (First, Middle, Last): JOHN DANCIU	23. Mother's Name (First, Middle, Last): JANE DANCIU	23a. Mother's Maiden Last Name: SCOFIELD			
24. Informant's Name: JOHN V. CASH	24a. Relationship To Decedent: HUSBAND	24b. Mailing Address (Street And Number, City, State, Zip Code): 3446 WIRTH RD. HIGHLAND, INDIANA 46322			
25a. Method Of Disposition: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): OAKLAND MEMORY LANES CREMATORY	25c. Location – City, Town, And State: DOLTON, ILLINOIS			
26. Was Coroner Contacted? ☐ Yes ☒ No	27. Name And Complete Address Of Funeral Facility: KUIPER FUNERAL HOME 9039 KLEINMAN ROAD HIGHLAND, INDIANA 46322	27a. Funeral Home License Number: FH10300021			
27b. Signature Of Indiana Funeral Service Licensee: CA Kuiper	27c. License Number (Of Licensee): FD01014511				

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.

Immediate Cause (Final Disease Or Condition Resulting In Death) A. SMALL Cell LUNG CANCER — Approximate Interval: Onset To Death 15 MO

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

Due To (Or As A Consequence Of): 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: DM / CORONARY ART DISEASE

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 & 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: Steven A Corse MD

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Steven A. Corse 3100 45th Highland, Indiana 46322

44. License Number: 32000068011

45. Date Certified: 4-9-09

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature Of Local Health Officer: Susan W Burt D.O.

49. For Registrar Only – Date Filed (Month/Day/Year): April 9, 2009 001947

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3 7-1-10

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FILED MAY 31 2011 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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APR 09 2009