



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000985

EDR No 00000190683

State No 013582

Decedent's Legal Name (First, Middle, Last) 1a. Maiden Name (If female) 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)
1ARJORIE SMITHURST MEEKER FEMALE 10:55 AM 03/17/2011
Social Security Number 5a. Age - Yrs 5b. Under 1 Year 5c. Under 1 Month 5d. Under 1 Day 5e. Under 1 Hour 7. Date of Birth (Month/Day/Year) 8. Birthplace (City and State of Foreign Country)
354-16-1820 99 Months Days Hours Minutes 04/21/1911 DYSART, IA
Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital:
Yes No Unknown 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)

1. Facility Name (If Not Institution, Give Street and Number)
MT ANTHONY MEDICAL CENTER OF CROWN POINT
2. City Of Town, State, And Zip Code
CROWN POINT, IN, 46307
13. County Of Death LAKE
14. Marital Status At Time Of Death
Married Married, But Separated Widowed Never Married
16. Decedent's Usual Occupation HOUSE WIFE
17. Kind Of Business/Industry HOME MAKE

8. Residence - State INDIANA
18a. County LAKE
18b. City Or Town CEDAR LAKE
18c. Apt. No.
18e. Zip Code 46303
18f. Inside City Yes
9. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White

2. Father's Name (First, Middle, Last) OHN MEEKER
23. Mother's Name (First, Middle, Last) VERNA MEEKER
23a. Mother's Maiden Last Name MYERS
3. Informant's Name TERRY RISTESKI
24a. Relationship To Decedent POA
24b. Mailing Address (Street And Number, City, State, Zip Code) 7009 WEST 128TH AVENUE, CEDAR LAKE, IN 46303

25. Place Of Disposition
25a. Method Of Disposition Burial Cremation Donation Entombment Removal From State Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) MT AUBURN
25c. Location - City, Town, And State STICKNEY, IL

26. Was Coroner Contacted? Yes No
27. Name And Complete Address Of Funeral Facility ELLER BRADY FUNERAL HOME, 8510 LAKE SHORE DRIVE, CEDAR LAKE, IN 46303
27a. Funeral Home License Number FH83000825
27b. Signature Of Indiana Funeral Service Licensee: RED T. OPARKA, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD01016076

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. VENTRICULAR ARRHYTHMIA
B. MULTI-ORGAN SYSTEM FAILURE
C. RESPIRATORY FAILURE
D. CONGESTIVE HEART FAILURE - ETIOLOGY UNKNOWN

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I
29. Was An Autopsy Performed? Yes No
30. Were Autopsy Finding 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. Location Of Injury - State
36a. City Or Town
36b. Street & Number
36c. Apt. No.
36d. 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: ELIZABETH PRZENICZNY, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One) Certifying Physician Coroner Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ELIZABETH PRZENICZNY, 5265 COMMERCE DRIVE, CROWN POINT, IN 46307
44. License Number 01033089
45. Date Certified 03/28/2

46. Additional Funeral Service Provider: NONE
47. *Akas:
48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): MAR 29 2011

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

LOTS 3, 4, 5 AND 6 IN BLOCK 6 HIGHGROVE ADDITION TO THE TOWN OF CEDAR LAKE, AS SHOWN IN PLAT BOOK 15 PAGE 21 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

State Form 53395 ATTENTION ESTATE. The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty by refusal.

002850

NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

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