

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

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.....

Local No. 2092-06

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED - NAME (First, Middle, Last) Janice Hurn				2. SEX Female		3a. TIME OF DEATH 8:30 AM		3b. DATE OF DEATH (Month, Day, Yr.) August 31, 2006											
4. *SOCIAL SECURITY NUMBER 290-36-4047		5a. AGE - Last Birthday (Years) 67		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo., Day, Yr.) April 30, 1939		7. BIRTHPLACE (City and State or Foreign Country) Royton Kentucky									
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 type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Hospice															
9b. FACILITY NAME (If not institution, give street and number) ST. ANTHONY HOSPICE				9c. CITY, TOWN, OR LOCATION OF DEATH CROWN POINT				9d. COUNTY OF DEATH LAKE											
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Phillip Hurn		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker				12b. KIND OF BUSINESS/INDUSTRY At Home											
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point				13d. STREET AND NUMBER 8629 Lee Street											
13e. ZIP CODE 46307		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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 12 College (1-4 or 5+) 1									
18. FATHER'S NAME (First, Middle, Last) Dave Patrick				19. MOTHER'S NAME (First, Middle, Maiden Surname) Chelsie Arnett															
20a. INFORMANT'S NAME (Type/Print) Phillip Hurn				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8629 Lee Street, Crown Point, IN 46307				20c. Relationship Husband											
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 2, 2006 N.W. Ind. Cremation Services				21c. LOCATION - City of Town, State Crown Point, Indiana													
22a. EMBALMER'S NAME N/A		22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes															
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>		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. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE COUNTY HEALTH DEPARTMENT. IMMEDIATE CAUSE (Final cause of death or condition resulting in death) Widely Metastatic Melanoma DUE TO (OR AS A CONSEQUENCE OF): a. SEP 2 2006 b. SEP 2 2006 c. SEP 2 2006 d. SEP 2 2006 Conditions, if any, which gave rise to the immediate cause stating the underlying cause last SEP 2 2006										Approximate Interval Between Onset and Death 2 weeks		DATE OF INDIAN STATE DEPARTMENT OF HEALTH FOR RECORD 2011 AUG 26 PM		RECORDED MICHELLE FANN		FILED AUG 26 2011		REGUY HOLINGA KATONAK LAKE COUNTY AUDITOR	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Cerebrovascular Disease, S/P CVA Diabetes Mellitus Hypertension				27. WAS DECEDENT PREGNANT OR POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No											
29a. CERTIFIER (Check only one) <input checked="" 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 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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Richard Turk</i>				29c. MEDICAL LICENSE NO. 02000643		29d. DATE SIGNED (Month, Day, Year) 09-01-2006											
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Richard Turk 1700 Pointe Drive #103, Valparaiso, IN 46383										32. DATE FILED (Month, Day, Year) September 6 2006									
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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 CW											
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) 028551																	
34g. DATE PRONOUNCED DEAD (Month, Day, Year) August 31, 2006				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.															