







# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 168783

Local No 902809

EDR No 00000661650

State No

1. Decedent's Legal Name (First, Middle, Last) <b>CLAUDETHE JUNKENS</b>			1a. Maiden Name (if female) <b>GREEN</b>			2. Sex <b>FEMALE</b>		3. Time of Death <b>09:49 AM</b>		4. Date of Death (Month/Day/Year) <b>09/24/2018</b>	
5. Social Security Number <b>81</b>		6a. Age - Yrs <b>81</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) <b>11/23/1936</b>	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) <b>937 SPRING STREET</b>											
12. City Or Town, State, And Zip Code <b>HIGHLAND, IN 46322</b>											
15. Surviving Spouse's Name <b>JACK JUNKENS</b>						15a. Last Name Before First Marriage <b>COOK</b>			16. Decedent's Usual Occupation <b>EDUCATION</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>HIGHLAND</b>						
18c. Street And Number <b>9337 SPRING STREET</b>		16d. Apt. No.		16e. Zip Code <b>46322</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>					
22. Parent's Name (First, Middle, Last) <b>OSCAR GREEN</b>				23. Parent's Name (First, Middle, Last) <b>EDITH GREEN</b>				23a. Parent's Last Name Before First Marriage <b>BAUGH</b>			
24. Informant's Name <b>JACK JUNKENS</b>		24a. Relationship To Decedent <b>SPOUSE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9337 SPRING STREET, HIGHLAND, IN 46322</b>							
25. Place Of Disposition											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>CHAPEL LAWN</b>			25c. Location - City, Town, And State <b>CROWN POINT, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>HILLSIDE FUNERAL HOME &amp; CREMATION CENTER, 8841 KLEINMAN ROAD, HIGHLAND, IN 46322</b>						27a. Funeral Home License Number: <b>FH11700003</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>KEVIN BRYANT NORDYKE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD29600005</b>					
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venular/ 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. <u>PROTEIN-CALORIE MALNUTRITION</u> Due to (BASIC Cause(s))											
B. <u>CHRONIC ISCHEMIC HEART DISEASE</u> Due to (BASIC Cause(s))											
C. _____ Due to (BASIC Cause(s))											
D. _____ Due to (BASIC Cause(s))											
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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, Vented Area)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State			38a. City Or Town			38b. Apt. No.			38d. Zip Code		
39. Describe How Injury Occurred											
41. Signature, Or Person Certifying Cause Of Death: <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321</b>						44. License Number <b>01031582A</b>			45. Date Certified <b>08/25/2018</b>		
46. Additional Funeral Service Provider:						47. "Akas"			48. Registrar Only - Date Filed (Month/Day/Year): <b>AUG 27 2018</b>		
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. Registrar Only - Date Filed (Month/Day/Year): <b>AUG 27 2018</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											