

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

3937937



Local No 000477

EDR No 000011418776

State No 2022-046013

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|--|--|-----------------------------|--|--------------------------|-------------------------------------|--|--|
| 1. Decedent's Legal Name (First, Middle, Last) Arthur Lee Pierce | | 1a. Maiden Name (if female) | | 2. Gender Male | 3. Time of Death 07:10 AM | 4. Date of Death (Month/Day/Year) 08/18/2022 | |
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|--|----------------------------|---|--|---------------------------------------|--|--|--|--|
| 5. Social Security Number [REDACTED] | 6a. Age - Yrs 86 | 6b. Under 1 Year Months 08 | 6c. Under 1 Month Days 08 | 6d. Under 1 Day Hours 08 | 6e. Under 1 Hour Minutes 05/00/1936 | 7. Date of Birth (Month/Day/Year) 05/00/1936 | | 8. Birthplace (City and State or Foreign Country) Winamac, Indiana |
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| 9. 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) | | | |
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| 11. Facility Name (If Not Institution, Give Street and Number) 3521 W 47th Court | | | | | | | |
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| 12. City or Town, State, and Zip Code Gary, Indiana 46408 | | | | 13. County of Death Lake | | 14. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | |
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| 15. Surviving Spouse's Name Linda Pierce | | 15a. Last Name Before First Marriage Fultz | | 16. Decedent's Usual Occupation Heavy Machine Mechanic | | 17. Kind of Business/Industry Steel Mill | |
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| 18. Residence - State IN | | 18a. County Lake | | 18b. City or Town Gary | | 18d. Apt. No. | | 18e. Zip Code 46408 | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
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| 18c. Street and Number 3521 W 47th Court | | | 18d. Apt. No. | | | 18e. Zip Code 46408 | | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
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| 19. Decedent's Education High School graduate or GED completed | | | 20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino | | | 21. Decedent's Race White | | |
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| 22. Parent's Name (First, Middle, Last) Florice Benjamin Pierce | | | 23. Parent's Name (First, Middle, Last) Mary Elizabeth Pierce | | | 23a. Parent's Last Name Before First Marriage Gilsinger | | |
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| 24. Informant's Name Linda DePoy | | 24a. Relationship to Decedent Daughter | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 3612 E State Road 14, Winamac, IN, 46996 | |
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| 25a. Method of Disposition <input checked="" type="checkbox"/> Burial <input checked="" 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) ACP Crematory | | | 25c. Location - City, Town, and State Akron, IN | | |
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| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility Frair Mortuary - Winamac 305 East Main Street, Winamac, Indiana, 46996 | | | | 27a. Funeral Home License Number: FH83007322 | |
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| 27b. Signature Of Indiana Funeral Service Licensee: Jean Maxwell Frair | | | 27c. License Number (Of Licensee): FD20900065 | | |
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| Electronically Signed Cause of Death (See Instructions And Examples) - 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. | | | | | | Approximate Interval: Onset To Death 5 years | |
| 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. Alzheimer's Disease | | | | | | | |
| 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. | | | | | | | |
| C. | | | | | | Due to (or As A Consequence Of) | |
| D. | | | | | | | |

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| 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 | |
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| 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 32. If Female: <input type="checkbox"/> Not Pregnant After First Term <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant, But Pregnant 43 Days To 1 year Before Death | | 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, Wooded Area) | | 37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
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| 38. Location Of Injury - State | | | | 38a. City or Town | | | | 38b. Street & Number | | | | 38c. Apt. No. | | 38d. Zip Code | |
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| 39. Describe How Injury Occurred | | | | | | | | | | | |
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| 41. Signature, Of Person Certifying Cause Of Death: Yomi Adeyemi | | | | | | 42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer | | | | | |
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| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Yomi Adeyemi 9515 Indianapolis Boulevard 6F, Highland, IN 46322 | | | | | | 44. License Number 01071793A | | 45. Date Certified 08/18/2022 | | | |
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| 46. Additional Funeral Service Provider: | | | | | | 47. *Anas: | | | | | |
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| 48. Signature of Local Health Officer: Spand H Walker | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): 08/19/2022 | | | | | |
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(SENTIMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL))