8cc

# INDIANA STATE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

Local No. 000070 State No. 000200

| 1. Decedent's Legal Name (First, Middle, Last) | 1a. Maiden Last Name (If Female) | 2. Sex | 3. Time of Death | 4. Date of Death (Month/Day/Year) |
|---|---|---|---|---|
| Wilma N. Lucas | Haas | Female | 4:09 AM | January 10, 2010 |

| 6a. Age - Yrs | 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) | 8. Birthplace (City And State Or Foreign Country) |
|---|---|---|---|---|---|---|
| 91 | | | | | April 14, 1918 | Muncie, IN |

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): Colonial Oaks Healthcare Center

| 12. City Or Town, State, and Zip Code | 13. County Of Death | 14. Marital Status At Time Of Death |
|---|---|---|
| Marion IN 46953 | Grant | ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown |

| 15. Surviving Spouse's Name | 15a. (If Wife) Give Maiden Last Name | 16. Decedent's Usual Occupation | 17. Kind Of Business/Industry |
|---|---|---|---|
| John Lucas | | Homemaker | Homemaker |

| 18. Residence - State | 18a. County | 18b. City Or Town |
|---|---|---|
| Indiana | Grant | Jonesboro |

| 18c. Street And Number | 18d. Apt. No. | 18e. Zip Code | 18f. Inside City Limits? |
|---|---|---|---|
| 503 3rd Avenue | | 46938 | ☒ Yes ☐ No |

| 19. Decedent's Education | 20. Decedent Of Hispanic Origin | 21. Decedent's Race |
|---|---|---|
| Some college credit, no degree | Non-Hispanic | Caucasian |

| 22. Father's Name (First, Middle, Last) | 23. Mother's Name (First, Middle, Last) | 23a. Mother's Maiden Last Name |
|---|---|---|
| August Haas | Mable Haas | Worthen |

| 24. Informant's Name | 24a. Relationship To Decedent | 24b. Mailing Address (Street And Number, City, State, Zip Code) |
|---|---|---|
| John Lucas | Husband | 503 3rd Avenue Jonesboro, IN 46938 |

25. Place Of Disposition

| 25a. Method Of Disposition | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) | 25c. Location - City, Town, And State |
|---|---|---|
| ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify): | Elmridge Cemetery | Muncie, IN 47302 |

| 26. Was Coroner Contacted? | 27. Name And Complete Address Of Funeral Facility | 27a. Funeral Home License Number: |
|---|---|---|
| ☐ Yes ☒ No | Arnes-Hunt Funeral Home 415 S. Main St., Fairmount, Indiana 46928 | FH83001952 |

| 27b. Signature Of Indiana Funeral Service Licensee: | 27c. License Number (Of Licensee): |
|---|---|
| | FD01014066 |

**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.

| | | Approximate Interval: Onset To Death |
|---|---|---|
| Immediate Cause (Final Disease Or Condition Resulting In Death) | A. Hemolytic Anemia. | 2005 |
| 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 | B. CHF Due To (Or As A Consequence Of): | 2004 |
| | C. CVA Due To (Or As A Consequence Of): | 2004 |
| | D. Dm Due To (Or As A Consequence Of): | 1989 |

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 Findings Available To Complete The Cause Of Death? ☐ Yes ☒ No

| 31. Did Tobacco Use Contribute To Death? | 32. If Female: | 33. Manner Of Death: |
|---|---|---|
| ☐ Yes ☐ Probably ☐ No ☒ Unknown | ☒ 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 | ☒ 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: | 42. Certifier (Check Only One) |
|---|---|
| Monika Rajmaira, MD | ☒ Certifying Physician ☐ Coroner ☐ Health Officer |

| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: | 44. License Number | 45. Date Certified |
|---|---|---|
| Monika Rajmaira, Dr. 3028 N. Lagro Rd. Marion, IN 46952 | 01042142A | 1-14-10 |

| 46. Additional Funeral Service Provider: | 47. *Akas: |
|---|---|
| | |

| 48. Signature of Local Health Officer: | 49. For Registrar Only - Date Filed (Month/Day/Year): |
|---|---|
| John W Kennedy MD | 1-15-2010 |

State Form 10110 (R7/5-07) 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 16-37-1-10

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