

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No. 000519 State No. 011464

1. Decedent's Legal Name (First, Middle, Last) **Mariana McCue Hussey** 1a. Maiden Last Name (if female) **McCue** 2. Sex **Female** 3. Time Of Death **2:20 pm** 4. Date Of Death (Month/Day/Year) **April 29, 2009**

5a. Age - Yrs **86** 5b. Under 1 Year **Months** 5c. Under 1 Month **Days** 5d. Under 1 Day **Hours** 5e. Under 1 Hour **Minutes** 7. Date Of Birth (Month/Day/Year) **May 7, 1922** 8. Birthplace (City And State Or Foreign Country) **Ann Arbor, Michigan**

9. Ever In U.S. Armed Forces? Yes No Unknown 10. If Death Occurred In A Hospital: Inpatient Emergency Department Outpatient Dead On Arrival Hospicio Facility Decedent's Home Nursing Home/Long-Term Care Facility Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number) **Goshen General Hospital**

12. City Or Town, State, And Zip Code **Goshen, Indiana 46526** 13. County Of Death **Elkhart** 14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name **Edward James Hussey** 15a. (If Wife) Give Maiden Last Name **McCue** 16. Decedent's Usual Occupation **Homemaker** 17. Kind Of Business/Industry **Own Home**

18. Residence - State **Indiana** 18a. County **Elkhart** 18b. City Or Town **Goshen**

18c. Street And Number **2801 Martin Manor Drive** 18d. Apt. No. 18e. Zip Code **46526** 18f. Inside City Limits? Yes No

19. Decedent's Education **Bachelor's Degree** 20. Decedent Of Hispanic Origin **No** 21. Decedent's Race **White**

22. Father's Name (First, Middle, Last) **Francis J. McCue** 23. Mother's Name (First, Middle, Last) **Eloise McCue** 23a. Mother's Maiden Last Name **Perkins**

24. Informant's Name **Edward James Hussey** 24a. Relationship To Decedent **Husband** 24b. Mailing Address (Street And Number, City, State, Zip Code) **2801 Martin Manor Drive, Goshen, IN 46526**

25. Place Of Disposition **Violett Cemetery** 25c. Location - City, Town, And State **Goshen, Indiana**

26. Was Coroner Contacted? Yes No 27. Name And Complete Address Of Funeral Facility **Yoder-Culp Funeral Home 1911 South Main Street, Goshen, IN 46526** 27a. Funeral Home License Number **83002623**

27b. Signature Of Indiana Funeral Service Licensee: *[Signature]* 27c. License Number (Of Licensee) **FD 08600296**

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 Line A. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) **A. HYPOXIA** (Due To) (Or As A Consequence Of) **2 DAYS**

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. Resp Failure** (Due To) (Or As A Consequence Of) **2 DAYS**

C. PNEUMONIA (Due To) (Or As A Consequence Of) **7 days**

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? Yes 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. 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: *[Signature]* 42. Certifier (Check Only One) Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death **D. Bhagat, M.D., 2240 Kanasa Drive, Suite 1, Goshen, IN 46526** 44. License Number **01054743** 45. Date Certified **5-1-09**

46. Additional Funeral Service Provider 47. *Alas

48. Signature of Local Health Officer: *[Signature]* 49. For Registrar Only - Date Filed (Month/Day/Year) **MAY 01, 2009**

State Form 10110 (4/7/07) HHS/IN STATE. The Social Security # is being reported by the state agency in order to purchase its statutory requirements. There is no penalty for failure to report the Social Security # if the decedent is not eligible for Social Security benefits.

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“Indiana, U.S., Death Certificates, 1899-2011,” database with images, Ancestry.com, entry for Mariana Hussey, citing Indiana Archives and Records Administration, Death Certificates, 2009, roll 09.

Indiana, U.S., Death Certificates, 1899-2011

Record Index

Name: Mariana McCue Hussey
Maiden Name: Mccue
Gender: Female
Race: White
Age: 86
Marital Status: Married
Birth Date: 7 May 1922
Birth Place: Ann Arbor, Michigan
Death Date: 29 Apr 2009
Death Place: Goshen, Elkhart, Indiana,
USA
Father: Francis J Mccue
Mother: Eloise Mccue
Spouse: Edward James Hussey

Source Information

Record Url: https://www.ancestry.com/imageviewer/collections/60716/images/44494_352020-01487

Source Citation: Indiana Archives and Records Administration; Indianapolis, IN, USA; *Death Certificates*; Year: 2009; Roll: 09

Source Information Ancestry.com. *Indiana, U.S., Death Certificates, 1899-2011* [database online]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2015.
Original data: Indiana State Board of Health. *Death Certificates, 1900-2011*. Microfilm. Indiana Archives and Records Administration, Indianapolis, Indiana.