91053732 INDIANA STATE BOARD OF HEALTH ocal No. 18 57-91 ... CERTIFICATE OF DEATH State No. ...... TYPE/PRINT 1. DECEASED-NAME (First Middle, Last) 30 TIME OF DEATH 30 DATE OF DEATH (Month Day Yr) John A. Scott Jr. 6:20p September8, 1991 Male IN SOCIAL SECURITY NUMBER PERMANENT Sa AGE-Last Birthday SE UNDER I YEAR Sc UNDER I DAY 6 DATE OF BIRTH (Ma. Day. Yr) 7 BIRTHPLACE (City and State or Foreign Country) Days **BLACK INK** 314-09-6732 75 October8, 1915 Perioa, Illinois Se WAS DECEDENT YEAR LAST SERVED IN 9a PLACE OF DEATH (Check only one See Instructions) U.S. ARMED FORCEST [] Inpatient HOSPITAL Yes ☐ ER/Outpetient ☐ DOA ☐ Residence 96 FACILITY NAME (If not institut 9c CITY TOWN OF LOCATION OF DEATH 94 COUNTY OF DEATH DECEDENT Methodist Hospital Southlake Campus Merrillville Lake 11. SURVIVING SPOUSE
(N wife give maiden name)
Carmen DeVolle 12e DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use rebred)
Retired Auditor 126 KIND OF BUSINESS/INDUSTRY Married Internal Revenue 13a RESIDENCE-STATE 136 COUNTY 13c CITY, TOWN OR LOCATION 13d STREET AND NUMBER Indiana Lake Gary 533 West 44thAvenue 136 ZIP CODE 13F INSIDE CITY LIMITS WAS DECEDENT OF HISPANIC ORIGIN? 14 CITIZEN OF N RACE—American Indian 17 DECEDENT'S EDUCATION ☐ Yes (If yes, specify Cuban WHAT COUNTRY Black White, etc. Specify on Enghest grade completed: (Specify) 13g ON A FARM? umient is Elementary/Secondary (0-12) College (1-4 or 5 + ) 46409 23 White 頁12 USA 18 FATHERS NAME (First Middle Last) NAME (First Middle Maiden Surname) PARENTS John A. Scott Beck OCU 20h MALLING ADDRESS IS HERELAND NUMBER OF BOARD NOW BOOK City of Town State 2.0 Code)

533 W. 44th Ave Gary Indiana 46409 48c Relationship 20s INFORMANTS NAME (Type/Frint) INFORMANT Scøt Carmen 216 DATE AND PLACE OF DISPOSITION (IVente of comotory crematory of 218 METHOD OF DISPOSITION other place September 11,1991 Removal from State Merrillville, Indiana Calumet Park Cemetery 220 EMBALMERS NAME 226 EMBALMERS LICENSE NO 23 WAS DEATH REPORTED TO CORONER? DISPOSITION FD08600686 XXNº David Semplinski 246 LICENSE NUMBER 24. SIGNATURE OF FUNERAL DIRECTOR 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (of Licensee) Stilinovich&WiatrolikFH3004455 FD01001293 7535 Taft ST. Merrillville Indiana 28 PARTI dications that caused the death. Do not enter nonangular terms, such as cardiac or resource Approximate Interval Between JEATH ON FILE ! Onest and Death IMMEDIATE CAUSE (Final TEALTH DEP resulting in death) CAUSE OF Conditions, if any, which gave DUS TO JOR AS A CONSEQUENCE OF WAS DECEDENT 28a WAS AN AUTOPSY 286 WERE AUTOPSY FINDINGS PREGNANT OR 90 DAYS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE (Yes or no) OF DEATH? (Yes or no) NO NO NO DERTIFYING PHYSICIAN" To the best of my knowledge, death occurred at the time, date, and place, and due to the causa(s) as stated 29a CERTIFIER LOTOR LAKE COUNT CORONER On the be 29c MEDICAL LICENSE NO 296 SIGNATURE AND TITLE OF CERTIFIER 294 DATE SYCHED (MonyA, Day, Year) CERTIFIER rnusc 30 NAME AND ADDRESS OF PERL ON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) M.D Mird roadway Merrillville Indiana Ernest 31. HEALTH OFFICERS SIGNATURE DATE FILED (Month Day, Year) **HEALTH** OFFICER N 34b TIME OF 33 MANNER OF DEATH 34s DATE OF INJURY 34c INJURY AT WORK? 34d DESCRIBE HOW INJURY OCCUR YRULNI (Yes or no) (Month, Day, Year) ☐ Natural Pending ☐ Accident 34e PLACE OF INJURY-At home, farm, street, factory, office 34f LOCATION (Street and Number or Rural Route Number, City or Town, State) CORONER Suicide -Could not be ulding, etc. (Specify) USE ONLY 34g DATE PRONOUNCED DEAD (Month, Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc.

SBH06-004 State Form 10110 (R2/3-89)

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