STATE OF FLORIDA

OFFICE of VITAL STATISTICS

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92004610

FEB 27 1992 STATE

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO 445

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Luther W. Dance — 2. SEX: Male

3. DATE OF DEATH (Month, Day, Year): February 6, 1991 — 4. SOCIAL SECURITY NUMBER: 309-03-3393 — 5a. AGE Last Birthday (years): 74 — 5b. UNDER 1 YEAR: Months / Days — 5c. UNDER 1 Day: Hours / Minutes

6. DATE OF BIRTH (Month, Day, Year): November 22, 1916 — 7. BIRTHPLACE (City and State or Foreign Country): Paw Paw, Illinois — 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No

9a. PLACE OF DEATH (Check only one - see instructions on other side): HOSPITAL: X Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify) — 9b. INSIDE CITY LIMITS? (Yes or No): Yes

9c. FACILITY NAME (If not institution, give street and number): Southwest Florida Regional Medical Center — 9d. CITY, TOWN, OR LOCATION OF DEATH: Fort Myers — 9e. COUNTY OF DEATH: Lee

10. GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED

10a. DECEDENT'S USUAL OCCUPATION: Owner/Operator — 10b. KIND OF BUSINESS/INDUSTRY: Grocery Store — 11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married — 12. SURVIVING SPOUSE (If wife, give maiden name): Helen M. Fraikin

13. 13a. RESIDENCE — STATE: Indiana — 13b. COUNTY: Lake — 13c. CITY, TOWN, OR LOCATION: Crown Point — 13d. STREET AND NUMBER: 639 South Court Street

PARENTS

13e. INSIDE CITY LIMITS? (Yes or No): Yes — 13f. ZIP CODE: 46307 — 14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify: — 15. RACE — American Indian, Black, White, etc. Specify: White — 16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+):

17. FATHER'S NAME (First, Middle, Last): Grover Dance — 18. MOTHER'S NAME (First, Middle, Maiden Surname): Rosie Simpson

19a. INFORMANT'S NAME (Type/Print): Mrs. Helen Dance — 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 639 South Court Street Crown Point, Indiana 46307

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial, ☐ Cremation, X Removal from State, ☐ Donation, ☐ Other (Specify) — 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Lake Cemetery — 20c. LOCATION — City or Town, State: Crown Point, Indiana

CERTIFIER

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William E Ballard — 21b. LICENSE NUMBER (of Licensee): FD 1098 — 21c. NAME AND ADDRESS OF FACILITY: Harvey-Engelhardt Funeral Home 1600 Colonial Blvd., Ft. Myers, FL 33907

To be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title): William E Ballard — 22b. DATE SIGNED (Mo., Day, Yr.): 2/8/91 — 22c. HOUR OF DEATH: 4:45 PM — 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by MEDICAL EXAMINER

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title): — 23b. DATE SIGNED (Mo., Day, Yr.): — 23c. HOUR OF DEATH: M — 23d. PRONOUNCED DEAD (Mo., Day, Yr.): — 23e. PRONOUNCED DEAD (Hour): M

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Michael Steier, M.D. 2675 Winkler Avenue Suite 101 Fort Myers, Florida 33901

25a. SUBREGISTRAR — SIGNATURE AND DATE: Donna K Ballard 2/11/91 — 25b. LOCAL REGISTRAR — SIGNATURE: Duane Smith Dep. Reg. — 25c. DATE REGISTERED: Feb. 11, 1991

CAUSE OF DEATH BY CERTIFIER

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

Part II

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardio Pulmonary Arrest

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

DUE TO (OR AS A CONSEQUENCE OF): b. Coronary Atherosclerosis

DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. — 27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No — 27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): — 28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): No

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? ☐ YES ☐ NO — 30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED: Emergency Resection of Colon at Lee Memorial Hosp. Ft. Myers — 30b. DATE OF SURGERY (Mo., Day, Year): 2-5-91

31. PROBABLE MANNER OF DEATH (Specify) Accident, suicide or homicide; or undetermined. — 32a. DATE OF INJURY (Month, Day, Year): — 32b. TIME OF INJURY: M — 32c. INJURY AT WORK? (Yes or No): — 32d. DESCRIBE HOW INJURY OCCURRED:

32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify): — 32f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

FILED

JAN 23 1992

HRS Form 512, Jan 89 (Obsoletes Previous Editions)

9-354-44
9-370-16424

TXS: 639 So. Court St. C.P. IN 46307

Anna N. Astor
AUDITOR LAKE COUNTY

6.00
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THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: Mary Jan Kelley FEB. 11 1991

OLIVER H. BOORDE
State Registrar

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HRS FORM 1564A (8-88)

HRS DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CERTIFICATION OF VITAL RECORD