LTIC# 52997

LAWYERS TITLE CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

Local No. 0847-91

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. 92013182

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Decedent—Name (First Middle Last)	DONALD BRANT
2. Sex	Male
3a. Time of Death	6:45A M
3b. Date of Death (Month Day Yr)	April 18, 1991
4. Social Security Number	304-34-4470
5a. Age—Last Birthday (Years)	56
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Mo Day Yr)	MAY 19, 1934
7. Birthplace (City and State or Foreign Country)	HESSVILLE, INDIANA
8a. Was Decedent a U.S. Veteran?	Yes
8b. Year Last Served in U.S. Armed Forces?	1962
9a. Place of Death (Check only one. See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. Facility Name (If not institution, give street and number)	ST. ANTHONY HOSPITAL
9c. City, Town, or Location of Death	CROWN POINT
9d. County of Death	LAKE
10. Marital Status (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	ELIZABETH A. KETCHEM
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	SHEET MTL WRKR/FABRICATOR
12b. Kind of Business/Industry	VIDIMOS, INC.
13a. Residence—State	INDIANA
13b. County	LAKE
13c. City, Town, or Location	HOBART
13d. Street and Number	2812 DREXEL DRIVE
13e. Zip Code	46342
13f. Inside City Limits	[ ] No [X] Yes
13g. On a Farm?	[X] No [ ] Yes
14. Citizen of What Country?	USA
15. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
16. Race—American Indian, Black, White, etc. (Specify)	WHITE
17. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	JORDAN BRANT
19. Mother's Name (First, Middle, Maiden Surname)	AUDREY BEACH

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	ELIZABETH A. BRANT
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2812 DREXEL DR HOBART IN 46342
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. Method of Disposition	[X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place)	APR 20, 1991 CHAPEL LAWN MEMORIAL GARDENS
21c. Location—City or Town, State	SCHERERVILLE, INDIANA
22a. Embalmer's Name	JAMES W. GHOLSTON
22b. Embalmer's License No.	FDO1004194
23. Was Death Reported to Coroner?	[X] No [ ] Yes
24a. Signature of Funeral Director	James J. Krause (signature)
24b. License Number (of Licensee)	FDO1006463
25. Name, Address, and License Number of Funeral Home	FH83003069 REES FUNERAL HOMES INC. 600 W. OLD RIDGE RD, HOBART, IN 463

CAUSE OF DEATH

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

	Cause	Interval
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cardiac arrest	minutes
DUE TO (OR AS A CONSEQUENCE OF) b.	Coronary artery disease	
DUE TO (OR AS A CONSEQUENCE OF) c.	Atherosclerosis	
DUE TO (OR AS A CONSEQUENCE OF) d.		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions contributing to death but not previously stated in Part I: Mitral insufficiency; Diabetes Mellitus; Renal failure acute

Field	Entry
27. Was Decedent Pregnant or 90 Days Postpartum? (Yes or no)	N/A
28a. Was an Autopsy Performed? (Yes or no)	No
28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or no)	N/A

CERTIFIER

29a. CERTIFIER (Check only one)

- [X] CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- [ ] HEALTH OFFICER — 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) as stated.
- [ ] CORONER — 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.

Field	Entry
29b. Signature and Title of Certifier	E Mirich MD (signature)
29c. Medical License No.	18811
29d. Date Signed (Month, Day, Year)	4/25/91
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	ERNEST MIRICH MD, 9001 BROADWAY, MERRILLVILLE, INDIANA 46410

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	Alexander S Williams, MD (signature)
32. Date Filed (Month, Day, Year)	APR 26, 91

CORONER USE ONLY

Field	Entry
33. Manner of Death	[X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
34a. Date of Injury (Month, Day, Year)	
34b. Time of Injury	
34c. Injury at Work? (Yes or no)	
34d. Describe How Injury Occurred	
34e. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)	
34f. Location (Street and Number or Rural Route Number, City or Town, State)	
34g. Date Pronounced Dead (Month, Day, Year)	
34h. Motor Vehicle Accident? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

FILED MAR 3 1992

THE ABOVE IS A TRUE COPY OF THE CERTIFICATE ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

APR 26 1991

ROBERT J. ... RECORDER ... 8 04 ... LAKE COUNTY ... STATE OF INDIANA S.S.

#18-275-6 Hillcrest Add. 3rd Add. #3 Lot 24 Bl 3

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SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1