Local No. 1772-88 92013682

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Unit #34 Key# 22-19-11

Rec'd

State No. ....

Green Acres Development L.11 B11

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First, Middle, Last)	GORDON A. LYLE
2 SEX	MALE
3 DATE OF DEATH (Mo Day Yr)	AUGUST 26, 1988
4 SOCIAL SECURITY NUMBER	314-32-8057
5a AGE—Last Birthday (Years)	53
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Month Day Year)	DEC 20, 1934
7 BIRTHPLACE (City and State or Foreign Country)	BOWLING GREEN, INDIANA
8 YEAR LAST SERVED IN US ARMED FORCES?	N/A
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: XX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number)	BROADWAY METHODIST (SOUTHLAKE CAMPUS)
9c CITY, TOWN OR LOCATION OF DEATH	MERRILLVILLE
9d COUNTY OF DEATH	LAKE
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name)	CATHERINE L. WILSON
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	OPERATING ENGINEER
12b KIND OF BUSINESS/INDUSTRY	GARIUP CONSTRUCTION CO
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN OR LOCATION	MERRILLVILLE
13d STREET AND NUMBER	2305 EAST 69TH AVENUE
13e INSIDE CITY LIMITS? (Yes or no)	YES
13f FARM	NO
13g ZIP CODE	46410
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	XX No ☐ Yes
15 RACE—American Indian, Black, White, etc. (Specify)	WHITE
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	9

PARENTS

Field	Entry
17 FATHER'S NAME (First, Middle, Last)	FRANCIS LYLE (DECEASED)
18 MOTHER'S NAME (First, Middle, Maiden Surname)	MARION E. BOOMLER

INFORMANT

Field	Entry
19a INFORMANT'S NAME (Type/Print)	CATHERINE L. LYLE
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2305 E. 69TH AVE, MERRILLVILLE, IN 46410
19c Relationship	SPOUSE

DISPOSITION

Field	Entry
20a METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	AUGUST 29, 1988 CALUMET PARK CEMETERY
20c LOCATION—City or Town, State	MERRILLVILLE, INDIANA
21a SIGNATURE OF FUNERAL DIRECTOR	Donald V. Rees
21b LICENSE NUMBER (of Licensee)	FDE1041083
22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	REES FUNERAL HOME, INC.-FDH3003069 600 W. RIDGE ROAD, HOBART, IN 46342

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

Field	Entry
23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title	
23b LICENSE NUMBER	
23c DATE SIGNED (Month, Day, Year)	

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

Field	Entry
24 TIME OF DEATH	8:45 AM
25 DATE PRONOUNCED DEAD (Month, Day, Year)	AUGUST 26, 1988
26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)	NO

CAUSE OF DEATH (SEE INSTRUCTIONS)

27. 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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	carcinoma of lung	one year
DUE TO (OR AS A CONSEQUENCE OF) b.		
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a WAS AN AUTOPSY PERFORMED? (Yes or no): NO

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

AUG 29 1988

Pearl Johnson MD
LAKE COUNTY HEALTH COMMISSIONER

ROBERT [illegible] RECORDER

MAR 5 2 22 PM '92

STATE OF INDIANA S.S. NO. LAKE COUNTY FILED FOR RECORD

CERTIFIER (SEE INSTRUCTIONS)

29a CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23)
To the best of my knowledge, death occurred due to the cause(s) and manner as stated

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death)
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated

☐ MEDICAL EXAMINER ☐ CORONER ☐ 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) and manner as stated

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	Donald M Phillips MD
29c LICENSE NUMBER	01020846
29d DATE SIGNED (Month, Day, Year)	8/29/88
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)	DONALD PHILLIPS, MD, 1356 SOUTH LAKE PARK AVENUE, HOBART, INDIANA 46342

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Pearl Johnson MD
32 DATE FILED (Month, Day, Year)	8-29-88

CORONER OR MEDICAL EXAMINER USE ONLY

Field	Entry
33 MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
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)	

MAR 5 1992

Anna M. Anton
AUDITOR LAKE COUNTY

LCC

00295

SBH06-004 State Form 10110 Rev 10/87 DEATH.PD 1

PO Bx 94 Lake Village In 46349