Tapes – 10CC plus vet

825 W. 78th Ave
Merr. IN 46410

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 0369-92 93017470 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First Middle Last)	ROBERT L MILLER
2 SEX	MALE
3a TIME OF DEATH	10 PM
3b DATE OF DEATH (Month Day Yr)	FEB. 13, 1992
4 SOCIAL SECURITY NUMBER	316-05-4155
5a AGE—Last Birthday (Years)	71
5b UNDER 1 YEAR (Months / Days)	
5c UNDER 1 DAY (Hours / Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	SEPT.6,1920
7 BIRTHPLACE (City and State or Foreign Country)	GARY, INDIANA
8a WAS DECEDENT A U.S. VETERAN?	YES
8b YEAR LAST SERVED IN U.S. ARMED FORCES?	1945
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution, give street and number)	METHODIST HOSPITAL SOUTHLAKE CAMPUS
9c CITY, TOWN OR LOCATION OF DEATH	MERRILLVILLE
9d COUNTY OF DEATH	LAKE
10 MARITAL STATUS (Specify)	MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name)	DOROTHY M. WITT
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	RETIRED POLICEMAN
12b KIND OF BUSINESS/INDUSTRY	CITY OF GARY, IN
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN OR LOCATION	MERRILLVILLE
13d STREET AND NUMBER	825 W. 78th AVENUE
13e ZIP CODE	46410
13f INSIDE CITY LIMITS	[ ] No [X] Yes
13g ON A FARM?	[X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY?	U.S.A.
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): 12; College (1-4 or 5+): 4

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	MICHAEL C. MILLER
19 MOTHER'S NAME (First Middle Maiden Surname)	ELIZABETH SHONSKI

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	DOROTHY M. MILLER
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	825 W. 78th AVE, MERRILLVILLE IN 46410
20c Relationship	WIFE

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	[X] Burial [ ] Cremation [ ] Donation [ ] Other (Specify) [ ] Entombment [ ] Removal from State
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	FEBRUARY 17, 1992 CALUMET PARK CEMETERY
21c LOCATION—City or Town, State	MERRILLVILLE INDIANA
22a EMBALMER'S NAME	GORDON L. JONES
22b EMBALMER'S LICENSE NO.	1010711
23 WAS DEATH REPORTED TO CORONER?	[X] No [ ] Yes
24a SIGNATURE OF FUNERAL DIRECTOR	Terrence P Burns (signature)
24b LICENSE NUMBER (of licensee)	1009461
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Burns Funeral Home, 10101 Broadway Crown Point, IN 46307 FDH83002445

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a	CEREBRAL ARTERIOSCLEROSIS	
b DUE TO (OR AS A CONSEQUENCE OF)		
c DUE TO (OR AS A CONSEQUENCE OF)		
d DUE TO (OR AS A CONSEQUENCE OF)		

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

PART II Other significant conditions - Conditions contributing to death but not previously related in Part I

Field	Entry
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	NO
28a WAS AN AUTOPSY PERFORMED? (Yes or no)	NO
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	NO

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT ... DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

LAKE COUNTY HEALTH COMMISSIONER

FEB 18 1992

MAR 19 1993

Anna M. Anton
AUDITOR LAKE COUNTY

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	(signature)
29c MEDICAL LICENSE NO.	15267
29d DATE SIGNED (Month Day Year)	2-17-92
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr. Jacob Pruitt, 7895 Broadway, Merrillville, IN 46410

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Alexander S Williams, MD
32 DATE FILED (Month Day Year)	Feb 18, 1992

CORONER USE ONLY

Field	Entry
33 MANNER OF DEATH	[ ] 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.	

01022 600

15-330-70 Lutheran Park Lot 70

STATE OF INDIANA LAKE COUNTY FILED ...

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