

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1983-92

93052469

State No. ...

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Lee R. Comer), SEX (Male), TIME OF DEATH (10:25 A), DATE OF DEATH (September 15, 1992), SOCIAL SECURITY NUMBER (314-03-2041), AGE (80), UNDER 1 YEAR (Months/Days), UNDER 1 DAY (Hours/Minutes), DATE OF BIRTH (Mar. 20, 1912), BIRTHPLACE (Medaryville, Indiana), WAS DECEDENT A US VETERAN? (NO), YEAR LAST SERVED IN US ARMED FORCES? (N/A), PLACE OF DEATH (HOSPITAL: Inpatient, ER/Outpatient, DOA; OTHER: Nursing Home, Residence), FACILITY NAME (803 North Broad Street), CITY/TOWN OR LOCATION OF DEATH (Griffith), COUNTY OF DEATH (Lake), MARRITAL STATUS (Married), SURVIVING SPOUSE (Belva Myers), DECEDENT'S USUAL OCCUPATION (Roughner Operator), KIND OF BUSINESS/INDUSTRY (Steel Co.), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN OR LOCATION (Griffith), STREET AND NUMBER (803 North Broad Street), ZIP CODE (46319), INSIDE CITY LIMITS (Yes), CITIZEN OF WHAT COUNTRY (U.S.A.), WAS DECEDENT OF HISPANIC ORIGIN? (No), RACE (White), DECEDENT'S EDUCATION (4), FATHER'S NAME (Charles Comer), MOTHER'S NAME (Jennie), INFORMANT'S NAME (Belva Comer), MAILING ADDRESS (803 N. Broad St. Griffith, Indiana), RELATIONSHIP (Wife), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (September 18, 1992, Roseland Cemetery), LOCATION (Francesville, Indiana), EMBALMERS NAME (Ronald A. Reed), EMBALMERS LICENSE NO (FDO 1014511), WAS DEATH REPORTED TO CORONER? (Yes), SIGNATURE OF FUNERAL DIRECTOR (Kuiper), LICENSE NUMBER (FDO 1014511), NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Kuiper Funeral Home, 9039 Kleinman Rd., Highland, IN 46322), PART I (Laceration of the brain, Due to a gunshot wound), IMMEDIATE CAUSE (Laceration of the brain, Due to a gunshot wound), DATE FILED (AUG 11 1993), SIGNATURE OF CORONER (Daniel D. Thomas), MEDICAL LICENSE NO (16120), DATE SIGNED (September 17, 1992), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Daniel D. Thomas, M.D., 2293 North Main Street, Crown Point, Indiana 46307), HEALTH OFFICER'S SIGNATURE (Deborah Williams, MD), DATE FILED (September 18, 1992), MANNER OF DEATH (Suicide), DATE OF INJURY (Sept 15, 1992), TIME OF INJURY (Unknown), INJURY AT WORK? (No), DESCRIBE HOW INJURY OCCURRED (Gunshot wound), PLACE OF INJURY (Home), LOCATION (803 North Broad Street, Griffith, Indiana), DATE PRONOUNCED DEAD (September 15, 1992), MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

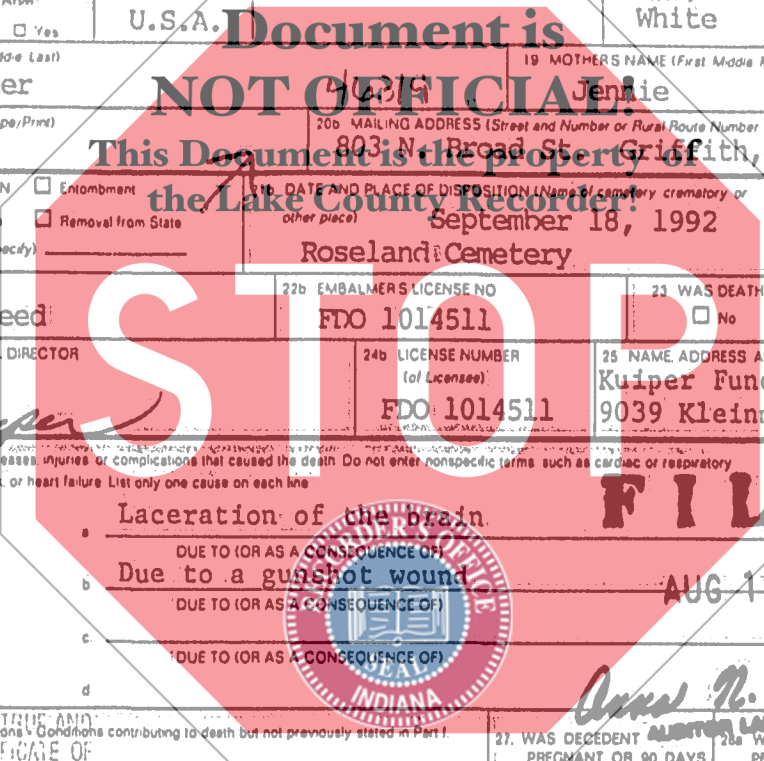
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

Industrial Center Sub K-239 L-24 B1.4 Unit #15 Key #26-73-28



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