

6cc, 3vets, 9total
cal/No. 91-0269
93052630

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

RENTS

FORMANT

POSITION

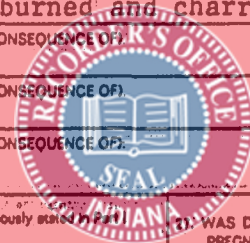
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First Middle Last) Frank Miller Jr.		2. SEX Male	3a. TIME OF DEATH 10:46 A.M.	3b. DATE OF DEATH (Month, Day, Yr) March 30, 1991
4. SOCIAL SECURITY NUMBER 493-24-7067	5a. AGE—Last birthday (Years) 63	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) Nov. 24, 1927
7. BIRTHPLACE (City and State or Foreign Country) Helena, Arkansas	8a. WAS DECEDENT A U.S. VETERAN? yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1948	9. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify): street <input type="checkbox"/> Residence
9a. FACILITY NAME (If not institution, give street and number) 31st & Clark Road		9b. CITY, TOWN OR LOCATION OF DEATH Gary		9c. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Audrey L. Bradford		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Welder	
12b. KIND OF BUSINESS/INDUSTRY Blaw-Knox Foundry		13a. RESIDENCE—STATE Indiana		
13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Gary		13d. STREET AND NUMBER 2046 McKinley Street
13e. ZIP CODE 46404	13f. INSIDE CITY LIMITS: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S. A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 10th College (1-4 or 5+)		18. FATHER'S NAME (First Middle Last) Frank Miller Sr.		
19. MOTHER'S NAME (First Middle Maiden Surname) Meddie Wells		20a. INFORMANT'S NAME (Type/Print) Audrey L. Miller		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gary, IN 46404		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oak Hill Cemetery April 2, 1991		21c. LOCATION—City or Town, State Gary, IN
22a. EMBALMER'S NAME Patrician Owens		22b. EMBALMER'S LICENSE NO. 08700298		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Bradshaw</i>		24b. LICENSE NUMBER (of Licensee) 08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2959 W. 11th Ave. Gary, IN 46404
PART I: Enter the disease, injury, or complication 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 Unknown
IMMEDIATE CAUSE (Final disease or condition resulting in death): Extensively burned and charred body.				FILED JUL 30 1991
a. DUE TO (OR AS A CONSEQUENCE OF):				
b. DUE TO (OR AS A CONSEQUENCE OF):				
c. DUE TO (OR AS A CONSEQUENCE OF):				
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
26. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28. WAS AN AUTOPSY PERFORMED? (VALID FOR LAKE COUNTY) Yes
29a. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>		29c. MEDICAL LICENSE NO. 16120		29d. DATE SIGNED (Month, Day, Year) April 5, 1991
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307				32. DATE FILED (Month, Day, Year) APR 11 1991
31. HEALTH OFFICER'S SIGNATURE <i>Valerie Bradshaw</i>		33. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide		
34a. DATE OF INJURY (Month, Day, Year) Unknown		34b. NAME OF INJURY Unknown	34c. INJURY AT WORK? (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED Decedent burned in an automobile.
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Service Road		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 31st and Clark Road, Gary, Indiana		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) March 30, 1991		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No		



Unit # 25
Key # 45-31-13
High and Add L-13, V 54 L, 14, 15, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

SBH06-004 State Form 10110 (R2/3-89) DECEASED BY
William C. Jones 700 W Ridge Rd Gary 46408

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