

U7C56345

94019014 INDIANA STATE BOARD OF HEALTH

Local No. 2220-91

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) George W. Sutton		2 SEX Male	3a TIME OF DEATH 10:40 P_M	3b DATE OF DEATH (Month, Day, Yr) October 30, 1991
4 SOCIAL SECURITY NUMBER 304-32-8857	5a AGE—Last Birthday (Years) 58	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) Jan. 1, 1933
7 BIRTHPLACE (City and State or Foreign Country) Stevenson, Alabama	8a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			

DECEDENT

9a FACILITY NAME (If not institution, give street and number) 8920 Ohio Pl.		9b CITY, TOWN, OR LOCATION OF DEATH Highland	9c COUNTY OF DEATH Lake
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (Specify) Helen Gilbertson	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Self Employed	12b KIND OF BUSINESS/INDUSTRY Furniture Sales
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Highland	13d STREET AND NUMBER 8920 Ohio Pl.

PARENTS

13e ZIP CODE 46322	13f W/IDE CITY LIGHTS <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) White	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)
18 FATHER'S NAME (First, Middle, Last) Carl Sutton			19 MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Ake		

INFORMANT

20a INFORMANT'S NAME (Type/Print) Helen Sutton		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8920 Ohio Pl. Highland, Indiana	20c Relationship Wife
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DISPOSITION

21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) November 2, 1991 Elmwood Cemetery	21c LOCATION—City or Town, State Hammond, Indiana
22a EMBALMER'S NAME Edgar Gleim	22b EMBALMER'S LICENSE NO. FDO 1016173	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

CAUSE OF DEATH

24a SIGNATURE OF FUNERAL DIRECTOR <i>A. Kuiper</i>	24b LICENSE NUMBER (of Licensee) FDO 1014511	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500
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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.

IMMEDIATE CAUSE (Final stage of condition leading to death)

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

Metastatic gastro-esophageal adenocarcinoma

DEATH ON FILE WITH HEALTH DEPT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MAR 14 11 58 AM '91

NOV 0 1991

RECORDED

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

Acute M. Anterior

AUDITOR LAKE COUNTY

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)
NO

28a. WAS AN AUTOPSY PERFORMED?
NO

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

LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

29a. CERTIFIER (Check only one)

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.

29b. SIGNATURE AND TITLE OF CERTIFIER
Alexander S. Williams

29c. MEDICAL LICENSE NO.
33507

29d. DATE SIGNED (Month, Day, Year)
10-31-91

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 28D (Type/Print)
HOWARD M. MISHOULAM, M.D., 9725 Prairie Ave., Highland, IN 46322

31. HEALTH OFFICER'S SIGNATURE
Alexander S. Williams M.D.

32. DATE FILED (Month, Day, Year)
Nov. 1, 1991

CORONER USE ONLY

33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> 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)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

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