

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 2567-90

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

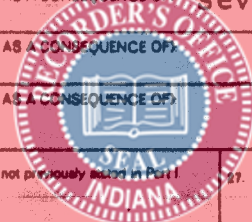
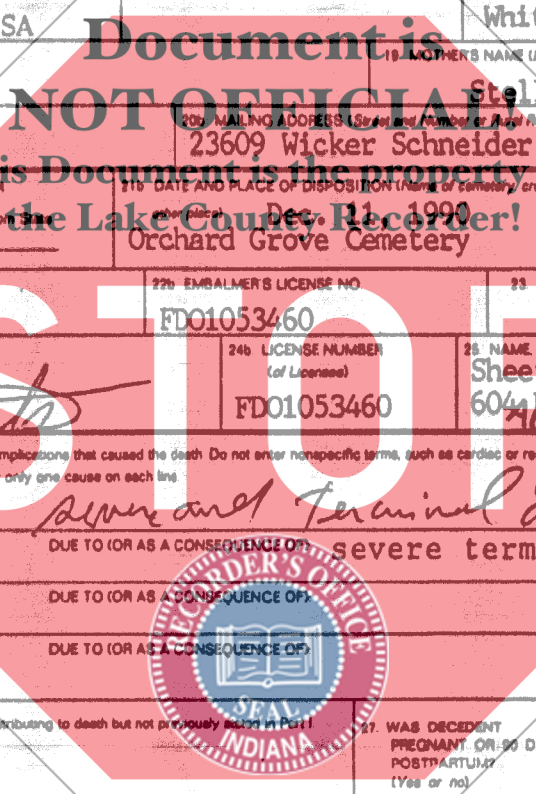
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) <b>Floyd E. Duncan Jr.</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>11:50A</b>	3b. DATE OF DEATH (Month, Day, Year) <b>December 8, 1990</b>	
4. SOCIAL SECURITY NUMBER <b>304-40-7347</b>	5a. AGE—Last Birthday (Years) <b>74</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) <b>Feb. 20, 1916</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		8c. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> EPO/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not mentioned, give street and number) <b>St Anthonys Hospital</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		9c. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>L. Jean Carlson</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Farmer</b>		12b. KIND OF BUSINESS INDUSTRY <b>Farming</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN OR LOCATION <b>Schneider</b>	13d. STREET AND NUMBER <b>23609 Wicker</b>		
13e. ZIP CODE <b>46376</b>	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <input type="checkbox"/> College (1-4 or 5+) <b>N/A</b>		18. FATHER'S NAME (First, Middle, Last) <b>Floyd Duncan Sr.</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Stella Simpson</b>		20a. INFORMANT'S NAME (Type/Print) <b>L. Jean Duncan</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>23609 Wicker Schneider, In. 46376</b>		20c. Relationship <b>Spouse</b>			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Dec 11, 1990 Orchard Grove Cemetery</b>		21c. LOCATION—City or Town, State <b>Lowell, Indiana</b>	
22a. EMBALMER'S NAME <b>William A. Sheets</b>		22b. EMBALMER'S LICENSE NO. <b>FDO1053460</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>W.A. Sheets</i>		24b. LICENSE NUMBER (of License) <b>FDO1053460</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Sheets Funeral Home, 604 E. Comm Ave., Ellettsville, In. 47401, IN. 0183004277</b>	
26. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>severe and terminal embolism of the pulmonary artery</b> DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST <b>severe terminal embolism of the pulmonary artery</b>					
PART II: Other significant conditions - Conditions contributing to death but not previously listed in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a. CERTIFIER (Check only one) <input checked="" 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 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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Robert Guthrie</i> <b>LAKE COUNTY HEALTH COMMISSIONER</b>			
29c. MEDICAL LICENSE NO. <b>01030518</b>		29d. DATE SIGNED (Month, Day, Year) <b>12-13-90</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Srisuwananukorn Sompop MD 8695 Conn. Merrillville, Indiana 46410</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Robert Guthrie D.O.</i>				32. DATE FILED (Month, Day, Year) <b>DEC 21, 90</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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 of Building, City or Town, State) <b>0183004277</b>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



FILED  
LAKE COUNTY INDIANA  
REC'D  
DEC 11 1990  
LAKE COUNTY REC'D  
DEC 11 1990  
LAKE COUNTY REC'D  
DEC 11 1990