

INDIANA STATE BOARD OF HEALTH

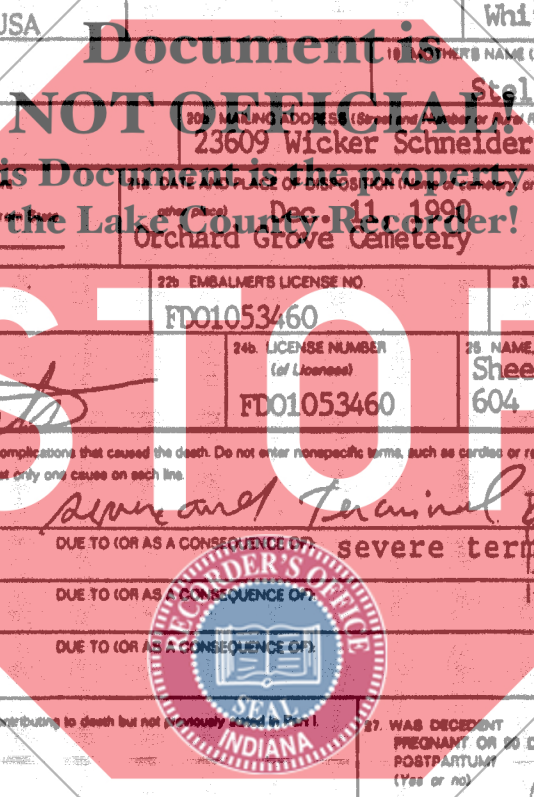
CERTIFICATE OF DEATH

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

Form with fields for: 1. DECEASED-NAME (Floyd E. Duncan Jr.), 2. SEX (Male), 3a. TIME OF DEATH (11:50A), 3b. DATE OF DEATH (December 8, 1990), 4. SOCIAL SECURITY NUMBER (304-40-7347), 5a. AGE (74), 6. DATE OF BIRTH (Feb. 20, 1916), 7. BIRTHPLACE (Indiana), 8a. WAS DECEDENT A U.S. VETERAN? (No), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?, 8c. PLACE OF DEATH (HOSPITAL - XX Inpatient), 9a. FACILITY NAME (St Antonys Hospital), 9b. CITY, TOWN OR LOCATION OF DEATH (Crown Point), 9c. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (L. Jean Carlson), 12a. DECEDENT'S USUAL OCCUPATION (Farmer), 12b. KIND OF BUSINESS/INDUSTRY (Farming), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN OR LOCATION (Schneider), 13d. STREET AND NUMBER (23609 Wicker), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (N/A), 18. FATHER'S NAME (Floyd Duncan Sr.), 19. MOTHER'S NAME (Stella Simpson), 20a. INFORMANT'S NAME (L. Jean Duncan), 20b. MARITAL ADDRESS (23609 Wicker Schneider, In. 46376), 21a. METHOD OF DISPOSITION (XX Burial), 21b. DATE AND PLACE OF DISPOSITION (Dec 11, 1990, Orchard Grove Cemetery), 21c. LOCATION (Lowell, Indiana), 22a. EMBALMER'S NAME (William A. Sheets), 22b. EMBALMER'S LICENSE NO. (FD01053460), 23. WAS DEATH REPORTED TO CORONER? (Yes), 24a. SIGNATURE OF FUNERAL DIRECTOR (William A. Sheets), 24b. LICENSE NUMBER (FD01053460), 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Sheets Funeral Home FD83004277, 604 E. Comm. Ave. Lowell, in. 46356), 26. PART I: Enter the disease, injuries, or complications that caused the death. IMMEDIATE CAUSE (Final disease or condition resulting in death): severe terminal disease and terminal cancer. PART II: Other significant conditions. 27. WAS DECEDENT PREGNANT OR 20 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER (Robert Guthrie D.O.), 29c. MEDICAL LICENSE NO. (01030518), 29d. DATE SIGNED (12-13-90), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Srisuwananukorn Sompop MD 8695 Conn. Merrillville, Indiana 46410), 31. HEALTH OFFICER'S SIGNATURE (Robert Guthrie D.O.), 31. DATE FILED (DEC. 21, 90), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No), 34i. SAM ORLICH AUDITOR LAKE COUNTY, 34j. FILED, 34k. DATE FILED (MAY 31 1995), 34l. NUMBER (001814), 34m. INITIALS (MBO)



STATE OF INDIANA LAKE COUNTY FILED RECORD



DEC 21 1990