

ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Charles Daugherty, 68.67th Ave., Merrillville 46410  
INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1147-95 CERTIFICATE OF DEATH State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>John A. Morris</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>9:35 P M</b>	3b DATE OF DEATH (Month Day Year) <b>May 17, 1995</b>
4a SOCIAL SECURITY NUMBER <b>053-42-6660</b>		5a AGE—Last Birthday (Year) <b>43</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Month Day Year) <b>FEB 25, 1952</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Brooklyn, New York</b>		
8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1970</b>	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) <b>1350 E. North St., Lot 13</b>		9c CITY/TOWN OR LOCATION OF DEATH <b>Crown Point</b>	9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS <b>Married</b>	11 SURVIVING SPOUSE (Last name and initials) <b>Catherine Carroll</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work and usual place of working etc. Do not use retired) <b>Mechanic</b>		12b KIND OF BUSINESS/INDUSTRY <b>Automobile</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY/TOWN OR LOCATION <b>Crown Point</b>	13d STREET AND NUMBER <b>411 Church Street</b>	
13e ZIP CODE <b>46307</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input 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>3</b>		18 FATHER'S NAME (First Middle Last) <b>Albert Morris</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Rose Krupich</b>		20a INFORMANT'S NAME (Type/Print) <b>Catherine Morris</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>411 Church Street, Crown Point, IN 46307</b>		20c Relationship <b>Wife</b>		
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 (Month Day Year, City, State, Country) <b>May 20, 1995, St. Mary's Cemetery</b>		21c LOCATION—City or Town, State <b>Crown Point, IN</b>
22a EMBALMER'S NAME <b>Larry A. Geisen</b>		22b EMBALMER'S LICENSE NO. <b>FD09000013</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry A. Geisen</i>		24b LICENSE NUMBER (of Licensee) <b>FD09000013</b>	24c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home, Inc. 109 N East St, Crown Point, IN 46307</b>	
25 PART I: After the decedent injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest. THIS CERTIFICATE IS VALID AND COMPLETE COPY OF THE CERTIFICATE OF DEATH FILE WITH THE LAKE COUNTY HEALTH DEPT. <b>Gunshot wound to the head</b>		26 (A) Appropriate Interval Between Onset and Death <b>Unknown</b>		
25 PART II: Conditions if any, which gave rise to the immediate cause causing the underlying cause last. <b>7 8 1995</b>		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM (Yes or no) <b>No</b>		
28a WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>		29a WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>		
29a CERTIFIER (Check only one) <b>Deputy</b>		29b CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.		
29c 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.		29d 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.		
29e SIGNATURE AND TITLE OF CERTIFIER <i>Larry A. Geisen</i>		29f MEDICAL LICENSE NO. <b>N/A</b>	29g DATE SIGNED (Month Day Year) <b>May 18, 1995</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Donna Malyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Donald D. Williams, MD</i>				32 DATE FILED (Month Day Year) <b>May 19, 1995</b>
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	34a DATE OF INJURY (Month Day Year) <b>May 17, 1995</b>	34b TIME OF INJURY <b>Unknown</b>	34c INJURY AT WORK? (Yes or no) <b>No</b>	34d DESCRIBE HOW INJURY OCCURRED <b>Gunshot wound</b>
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>Residence</b>			34f LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>1350 East North Street, Crown Point, Indiana</b>	
34g DATE PRONOUNCED DEAD (Month Day Year) <b>May 17, 1995</b>	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>No</b>			<b>000476</b>



# 9-245-42

SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD