* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Eulah Ford
7447 Harrison Ave.
Hammond, In 46324

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2083-95

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): FLOYD FORD
2. SEX: MALE
3a. TIME OF DEATH: 6:10 A.M.
3b. DATE OF DEATH (Month, Day, Yr.): SEPTEMBER 16, 1995
4. *SOCIAL SECURITY NUMBER: 306-10-5941
5a. AGE—Last Birthday (Years): 84
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo. Day, Yr.): November 7, 1910
7. BIRTHPLACE (City and State or Foreign Country): Pence, Indiana
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): THE COMMUNITY HOSPITAL
9c. CITY, TOWN OR LOCATION OF DEATH: MUNSTER
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Eulah Kidwell
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): School Teacher
12b. KIND OF BUSINESS/INDUSTRY: Hammond School System
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: lake
13c. CITY, TOWN OR LOCATION: Hammond
13d. STREET AND NUMBER: 7447 Harrison
13e. ZIP CODE: 46324
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM?: [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.): [X] No [ ] Yes
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+): 4

PARENTS

18. FATHER'S NAME (First, Middle, Last): Herman Ford
19. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Cochran

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Eulah Ford
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7447 Harrison Hammond, Indiana 46324
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): September 18, 1995 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State: Schererville, Indiana
22a. EMBALMER'S NAME: Rod A. Ivy
22b. EMBALMER'S LICENSE NO.: FDo1018769
23. WAS DEATH REPORTED TO CORONER?: [ ] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Rod A. Ivy
24b. LICENSE NUMBER (of Licensee): FD01018769
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: C.J. Huber Funeral Home FDH3002851 722-165th Hammond, Indiana 46324

CAUSE OF DEATH

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 disease or condition resulting in death)
a. Cardio-Respiratory failure
DUE TO (OR AS A CONSEQUENCE OF):
b. Acute [illegible] Heart Disease
DUE TO (OR AS A CONSEQUENCE OF):
c. [illegible]
DUE TO (OR AS A CONSEQUENCE OF):
d.

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

PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I: ① Heart failure ② [illegible] Abdominal Aortic Aneurysm

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): N/A

CERTIFIER

29a. CERTIFIER (Check only one)
[X] 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: [signature] MD
29c. MEDICAL LICENSE NO.: 21655
29d. DATE SIGNED (Month, Day, Year): SEPTEMBER 18, 1995
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. FELICIANO F. JIMEMEZ, M.D. 800 MACARTHUR BLVD. MUNSTER, INDIANA 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. [illegible], M.D.
32. DATE FILED (Month, Day, Year): September 19, 1995

33. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
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.

Key # 34-69-9

FILED SEP 26 1995 SAM ORLICH AUDITOR LAKE COUNTY

001729

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 95 SEP 26 PM 2:28 MARGARET DAVIS RECORDER

CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

RECORDER'S OFFICE SEAL INDIANA

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1