6

Shirley Taylor Hall

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 1831-92 State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1. Deceased—Name (First, Middle, Last): Lillie Fern Taylor
- 2. Sex: Female
- 3a. Time of Death: 802p M
- 3b. Date of Death (Month, Day, Yr): August 30 1992
- 4. Social Security Number: 290-20-5240
- 5a. Age—Last Birthday (Years): 77
- 5b. Under 1 Year (Months, Days):
- 5c. Under 1 Day (Hours, Minutes):
- 6. Date of Birth (Mo. Day, Yr): April 3 1915
- 7. Birthplace (City and State or Foreign Country): Missouri
- 8a. Was Decedent a U.S. Veteran?: No
- 8b. Year Last Served in U.S. Armed Forces?:
- 9a. Place of Death (Check only one; See instructions): Hospital: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
- 9b. Facility Name (If not institution, give street and number): St. Margaret Mercy South
- 9c. City, Town, or Location of Death: Dyer
- 9d. County of Death: Lake
- 10. Marital Status (Specify): Married
- 11. Surviving Spouse (If wife, give maiden name): Preston R. Taylor
- 12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired): Homemarker
- 12b. Kind of Business/Industry: Own Home
- 13a. Residence—State: Indiana
- 13b. County: Lake
- 13c. City, Town, or Location: Griffith
- 13d. Street and Number: 1110 Highway 330
- 13e. Zip Code: 46319
- 13f. Inside City Limits: ☐ No ☒ Yes
- 13g. On a Farm?: ☒ No ☐ Yes
- 14. Citizen of What Country?: USA
- 15. Was Decedent of Hispanic Origin?: ☒ No ☐ 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): 4; College (1-4 or 5+):

PARENTS

- 18. Father's Name (First, Middle, Last): Lyn Tallent
- 19. Mother's Name (First, Middle, Maiden Surname): Alice Goe

INFORMANT

- 20a. Informant's Name (Type/Print): Preston Taylor
- 20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1110 Highway 330 Griffith Indiana46319
- 20c. Relationship: Husband

DISPOSITION

- 21a. Method of Disposition: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
- 21b. Date and Place of Disposition (Name of cemetery, crematory, or other place): September 2 1992, Chapel Lawn Memerial Gardens
- 21c. Location—City or Town, State: Schererville Indiana
- 22a. Embalmer's Name: Leonard Gregorczyk
- 22b. Embalmer's License No.: Fdo8800305
- 23. Was Death Reported to Coroner?: ☐ No ☒ Yes
- 24a. Signature of Funeral Director: [signature]
- 24b. License Number (of Licensee): FD01006015
- 25. Name, Address and License Number of Funeral Home: Fagen-Miller Funeral Gardens FH83002754, 242 North Griffith Blvd Griffith Indian

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. (Approximate Interval Between Onset and Death)

- Immediate cause (Final disease or condition resulting in death): a. Acute respiratory failure
- Due to (or as a consequence of): b. Chronic obstructive lung disease
- Due to (or as a consequence of): c.
- Due to (or as a consequence of): d.

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

COMPLETE CERTIFICATE ON DEATH CERTIFICATE — AUG 31 1992

PART II. Other significant conditions / Conditions contributing to death but not previously listed in Part I: [signature] LAKE COUNTY HEALTH COMMISSIONER

- 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): No

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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: [signature]
- 29c. Medical License No.: 190JY
- 29d. Date Signed (Month, Day, Year): 8-31-92
- 30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print): Dr Charles Egnatz 4326 Route 30 Schererville IN

HEALTH OFFICER

- 31. Health Officer's Signature: [signature] MD
- 32. Date Filed (Month, Day, Year): 9-1-92

CORONER USE ONLY

- 33. Manner of Death: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.

FILED NOV 7 1995 SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 95 NOV MARION E. ... RECORDER

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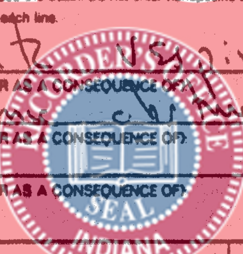
SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD I



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