

10 W's

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. ... 042396

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

1 DECEASED—NAME (First Middle Last) **DOUGLAS E. MORGAN** 2 SEX **Male** 3a TIME OF DEATH **6:03 A M** 3b DATE OF DEATH (Month Day Yr) **February 28, 1996**

4 SOCIAL SECURITY NUMBER **420-62-4935** 5a AGE—Last Birthday (Years) **47** 5b UNDER 1 YEAR **Months Days** 5c UNDER 1 DAY **Hours Minutes** 6 DATE OF BIRTH (Mo Day Yr) **March 18, 1948** 7 BIRTHPLACE (City and State or Foreign Country) **Mobile, Alabama**

8a WAS DECEDENT A US VETERAN? **No** 8b YEAR LAST SERVED IN US ARMED FORCES? **-----** 9a PLACE OF DEATH (Check only one See instructions)  
 HOSPITAL  Inpatient  ER-Outpatient  DOA  OTHER  Nursing Home  Other (Specify)  Residence

PARENTS

9b FACILITY NAME (If not institution give street and number) **2300 W. 60th Drive** 9c CITY TOWN OR LOCATION OF DEATH **Merrillville** 9d COUNTY OF DEATH **Lake**

10 MARITAL STATUS **Married** 11 SURVIVING SPOUSE (If wife give maiden name) **Mona Hunt** 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) **Shot Blaster** 12b KIND OF BUSINESS/INDUSTRY **GATX Repair Tank Cars**

13a RESIDENCE—STATE **Indiana** 13b COUNTY **Lake** 13c CITY TOWN OR LOCATION **Merrillville** 13d STREET AND NUMBER **2300 W. 60th Drive**

13e ZIP CODE **46410** 13f INSIDE CITY LIMITS  No  Yes 14 CITIZEN OF WHAT COUNTRY? **U.S.A.** 15 WAS DECEDENT OF HISPANIC ORIGIN?  No  Yes (If yes specify Cuban Mexican Puerto Rican etc) 16 RACE—American Indian Black White etc (Specify) **Black** 17 DECEDENT'S EDUCATION (Specify only highest grade completed) **12**

18 FATHER'S NAME (First Middle Last) **Douglas Morgan** 19 MOTHER'S NAME (First Middle Maiden Surname) **Babette Brown**

20a INFORMANT'S NAME (Type Print) **Mona Morgan** 20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) **2300 W. 60th Dr. Merrillville, IN 46410** 20c Relationship **Wife**

21a METHOD OF DISPOSITION  Burial  Entombment  Removal from State  Other (Specify)  Donation  Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) **March 4, 1996 Calumet Park Crematory** 21c LOCATION—City or Town State **Merrillville, Indiana**

22a EMBALMER'S NAME **Charles W. Wells** 22b EMBALMER'S LICENSE NO **1042372** 23 WAS DEATH REPORTED TO CORONER?  No  Yes

24a SIGNATURE OF FUNERAL HOME *John S. Bruyn* 24b LICENSE NUMBER (of Licensee) **1007231** 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME **PRUZIN BROS. FUNERAL SERVICE 1002450 6360 Broadway, Merrillville, IN 46410**

26 PART I Enter the diseases, injuries or complications that caused the death Do not enter nonspecific terms such as cardiac or respiratory arrest stroke or heart failure List only one cause on each line

IMMEDIATE CAUSE (Final disease or condition resulting in death) **Vascular collapse**  
 DUE TO (OR AS A CONSEQUENCE OF) **Due to arteriosclerotic heart and vascular disease**

Conditions of any which gave rise to the immediate cause stating the underlying cause **Unknown**

PART II Other significant conditions: Conditions contributing to death but not previously stated in Part I

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**

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  DEPUTY 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 *Deputy Coroner* 29c MEDICAL LICENSE NO **N/A** 29d DATE SIGNED (Month Day Year) **February 29, 1996**

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print) **Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307**

31 HEALTH OFFICER'S SIGNATURE *Deputy Coroner* 32 DATE FILED (Month Day Year) **February 29, 1996**

33 MANNER OF DEATH  Natural  Pending Investigation  Accident  Suicide  Could not be Determined  Homicide

34a DATE OF INJURY (Month Day Year) **MAR 26 1996** 34b TIME OF INJURY **---** 34c INJURY AT WORK? (Yes or no) **---** 34d DESCRIBE HOW INJURY OCCURRED **SAM ORLICH AUDITOR LAKE COUNTY**

34e PLACE OF INJURY—At home farm street factory office building etc (Specify) **---** 34f LOCATION OF INJURY (Street and Number or Rural Route Number City or Town State)

34g DATE PRONOUNCED DEAD (Month Day Year) **February 28, 1996** 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc **No**

Unit #25  
 Key #15-325-0  
 Unit #3  
 Key #15-364-7  
 Unit #8  
 Key #15-364-7

STATE  
 FILED  
 96/3/29  
 APPROXIMATE  
 INTERVAL BETWEEN  
 CAUSE AND DEATH  
 UNKNOWN  
 3:33