STATE OF MICHIGAN)
COUNTY OF BERRIEN) ss

I, M. LOUISE STINE, Clerk of the County of Berrien, Clerk of the Circuit Court of said County, the same being a Court of Record and having a seal, do hereby certify that I have compared the below copy with the record thereof now remaining in my office and have found it to be a true copy.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have affixed the Seal of said Circuit Court at St. Joseph,

this 17th day of October A.D. 1995

M. LOUISE STINE
COUNTY CLERK

M. Fern Eull
DEPUTY CLERK

FILED
MAY 01 1996
SAM ORLICH
AUDITOR LAKE COUNTY

LF 988

CF

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Value
1 DECEDENT'S NAME (First, Middle, Last)	Allen C. Schoonover
2 SEX	Male
3 DATE OF DEATH (Month, Day, Year)	August 23, 1994
4a AGE - Last Birthday (Years)	51
4b UNDER 1 YEAR (Months / Days)	
4c UNDER 1 DAY (Hours / Minutes)	
5 DATE OF BIRTH (Month, Day, Year)	July 29, 1943
6 COUNTY OF DEATH	Berrien
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	Tri State
7b IF HOSP OR INST Inpatient, Op/Emer Room, DOA (Specify)	Inpatient
7c CITY, VILLAGE, OR TOWNSHIP OF DEATH	Township of Buchanan
8 SOCIAL SECURITY NUMBER	311-44-9459
9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Information Systems
9b KIND OF BUSINESS OR INDUSTRY	AT&T
10a CURRENT RESIDENCE - STATE	Indiana
10b COUNTY	Lake
10c LOCALITY (Check one box and specify) [X] INSIDE CITY OR VILLAGE OF [ ] TWP OF	Crown Point
10d STREET AND NUMBER	2713 E. Rt. 231
10e ZIP CODE	46307
11 BIRTHPLACE (City and State or Foreign Country)	Gary, Indiana
12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	Married
13 SURVIVING SPOUSE (If wife, give name before first married)	Patricia Hanson
14 WAS DECEDENT EVER IN U S ARMED FORCES? (Specify Yes or No)	Yes
15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc (Specify below)	American
16 RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc (Specify below)	White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	12
College (1-4 or 5+)	

PARENTS

Field	Value
18 FATHER'S NAME (First, Middle, Last)	Carl D. Schoonover
19 MOTHER'S NAME (First, Middle, Surname before first married)	Marjorie Mylott

INFORMANT

Field	Value
20a INFORMANT'S NAME (Type/Print)	Patricia Schoonover
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code)	2713 E. Rt.231, Crown Point, Indiana 46307

DISPOSITION

Field	Value
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify)	Burial
22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)	Chapel Lawn Memorial Gardens
22b LOCATION - City or Village, State	Schereville, Indiana
23 SIGNATURE OF FUNERAL SERVICE LICENSEE	Richard [signature]
24 LICENSE NUMBER (of Licensee)	4474
25 NAME AND ADDRESS OF FACILITY	Geisen Funeral Home, Inc. 109 N. East St. Crown Point, In. 46307

CAUSE OF DEATH

26 PART I Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Pneumonia	days
b DUE TO (OR AS A CONSEQUENCE OF):	Respiratory insufficiency	13 months
c DUE TO (OR AS A CONSEQUENCE OF):		
d DUE TO (OR AS A CONSEQUENCE OF):		

Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Multiple cerebral infarction years Hypertension, Diabetes mellitus

27a WAS AN AUTOPSY PERFORMED? (Yes or No): no

27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No):

28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify): Hospital

29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): No

CERTIFIER

CERTIFYING PHYSICIAN

30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title): [signature]

30b DATE SIGNED (Mo, Day, Yr): August 29, 1994

30c TIME OF DEATH: 6:10 PM

30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

MEDICAL EXAMINER

31a (Check one only)
[ ] The case reviewed and determined not to be a medical examiner's case.
[ ] On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated

(Signature and Title)

31b DATE SIGNED (Mo, Day, Yr):

31c CASE NUMBER:

31d PRONOUNCED DEAD (Mo, Day, Yr) ON:

31e TIME OF DEATH: M

32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print): N. Faustino, MD, 999 West Front Street, Buchanan, Mi.49107

32b LICENSE NUMBER: 040990

MEDICAL EXAMINER

33a ACC, SUICIDE, HOM, NATURAL OR PENDING INVEST (Specify):

33b DATE OF INJURY (Mo, Day, Yr):

33c TIME OF INJURY: - M

33d DESCRIBE HOW INJURY OCCURRED:

33e INJURY AT WORK (Specify Yes or No):

33f PLACE OF INJURY At home, farm, street, factory, office building, etc (Specify):

33g LOCATION Street or R F D No City Village or Twp State: 000030

34a REGISTRAR'S SIGNATURE: M. Louise Stine [signature]

34b DATE FILED (Month, Day, Year): August 30, 1994

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
96 MAY -1 AM
MARGARET CLEVELAND RECORDER

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