

KEY 77 - 15-26211-16

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2059-93

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) George S. Marlow		2 SEX Male	3a TIME OF DEATH 12:40 P.M.	3b DATE OF DEATH (Month, Day, Yr.) August 24, 1993
4 SOCIAL SECURITY NUMBER 305-12-9266	5a AGE—Last Birthday (Years) 72	5b UNDER 1 YEAR Months: Days:	5c UNDER 1 DAY Hours: Minutes:	6 DATE OF BIRTH (Mo, Day, Yr) Nov. 1, 1920
7 BIRTHPLACE (City and State or Foreign Country) Ohio County, Kentucky	8a WAS DECEDENT A U.S. VETERAN? YES			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1953	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			

DECEDENT

9b FACILITY NAME (If not institution, give street and number) St. Anthony Hospital	9c CITY, TOWN OR LOCATION OF DEATH Crown Point	9d COUNTY OF DEATH Lake
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10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Virginia Ellis	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer	12b KIND OF BUSINESS/INDUSTRY Oil Co.
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13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Griffith	13d STREET AND NUMBER 428 N. Glenwood Dr.
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13e ZIP CODE 46319	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)
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PARENTS

18 FATHER'S NAME (First, Middle, Last) Walter Marlow	19 MOTHER'S NAME (First, Middle, Maiden Surname) Maude Brown
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INFORMANT

20a INFORMANT'S NAME (Type/Print) Virginia Marlow	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 428 N. Glenwood Dr. Griffith, Indiana	20c Relationship Wife
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DISPOSITION

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 (Name of cemetery, crematory, or other place) August 26, 1993 Chapel Lawn Cemetery	21c LOCATION—City, Town, State Schereville, Indiana
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22a EMBALMER'S NAME Edgar Gleim	22b EMBALMER'S LICENSE NO. FDO 1016173	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b LICENSE NUMBER (of Licensee) FDO 1014511	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Highland, Indiana FDH 300-7500
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CAUSE OF DEATH

26 PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac arrest	Approximate Interval Between Onset and Death 10 days
26 PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not previously stated in Part I Diabetic mellitus insulin dependent	Approximate Interval Between Onset and Death years

CERTIFIER

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)
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29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i>	29c MEDICAL LICENSE NO. 15511	29d DATE SIGNED (Month, Day, Year) 8/27/93
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HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 9001 Broadway Herricksville Indiana 46410	31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>	32 DATE FILED (Month, Day, Year) Aug 27, 1993
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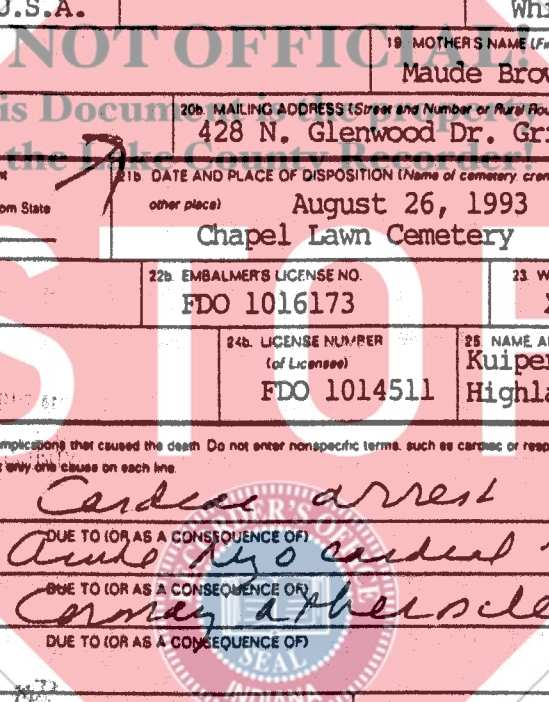
CORONER USE ONLY

33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED 001470
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)			
35 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.	960 960			

AUDITOR LAKE COUNTY

MO # 936187630

Vertical handwritten notes on the left margin: "DECEDENT", "PARENTS", "INFORMANT", "DISPOSITION", "CAUSE OF DEATH", "CERTIFIER", "HEALTH OFFICER", "CORONER USE ONLY". Includes a large signature "Alexon" and date "9-1-93".



Vertical handwritten notes on the right margin: "96021102", "STATE OF INDIANA LAKE COUNTY", "FILED FOR RECORD", "AM 9:15", "AUG 27 1993".