

13cc + 2 Vet

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1998-97

State No.

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

119486

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED-NAME (First Middle Last) WILLIAM ISAAC MARLATT		2 SEX Male	3a TIME OF DEATH 5:00PM	3b DATE OF DEATH (Month Day Yr) September 26, 1997	
4 SOCIAL SECURITY NUMBER 304-42-3653	5a AGE - Last Birthday (Years) 82	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Dec 23, 1914	
7 BIRTHPLACE (City and State or Foreign Country) JASPER COUNTY, IN	8a WAS DECEDENT A U.S. VETERAN? Yes				
8b YEAR LAST SERVED IN U.S. ARMED FORCES UNAVAILABLE		8c PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) ST. MARY MEDICAL CENTER		9b CITY TOWN OR LOCATION OF DEATH Hobart	9c COUNTY OF DEATH LAKE		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) LEVA MARCELLA PIERCE	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) ATTORNEY	12b KIND OF BUSINESS INDUSTRY LAW		
13a RESIDENCE - STATE IN	13b COUNTY LAKE	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 6910 FOREST AVE.		
13e ZIP CODE 46403	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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) 9706131 College (1-4 or 5+) 5+		17a ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
18 FATHER'S NAME (First Middle Last) ISAAC MARLATT		18 MOTHER'S NAME (First Middle, Maiden Surname) GRACE DAUGHERTY			
20a INFORMANT'S NAME (Type/Print) LEVA MARCELLA MARLATT		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6910 FOREST AVE., Gary, IN 46403		20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <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) Sep 29, 1997 Calvary Crematory		21c LOCATION - City or Town State Portage, IN	
22a EMBALMER'S NAME JAMES J. KRAUSE		22b EMBALMER'S LICENSE NO. FD01008463	22c WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Michael J. Seel</i>		24b LICENSE NUMBER (of Licensee) FDO8600270	24c NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 83005613 Rees Funeral Home, Olson Chapel 5341 Central Avenue, Portage, IN 46368		
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. <u>carcinoma of pancreas</u> DUE TO (OR AS A CONSEQUENCE OF)			
Conditions if any which gave rise to the immediate cause stating the underlying cause last		b. _____ DUE TO (OR AS A CONSEQUENCE OF)			
		c. _____ DUE TO (OR AS A CONSEQUENCE OF)			
		d. _____ DUE TO (OR AS A CONSEQUENCE OF)			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 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) <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>David M. Sullivan MD</i>		29c. MEDICAL LICENSE NO. 01020846	29d. DATE SIGNED (Month Day Year) 9/29/97		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DONALD M. PHILLIPS MD 1356 S. LAKE PARK AVE, HOBART, IN 46342					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>				DATE FILED (Month Day Year) September 29, 1997	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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
		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) 000395	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

FILED
OCT 6 1997
SAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
OFFICE FOR RECORD
OCT 6 1997 AM 10:45

42-169-13

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