12 + VET

* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 1836-97

200927

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Roger Dale Parsons
2. SEX	Male
3a. TIME OF DEATH	12:40A M
3b. DATE OF DEATH (Month, Day, Yr)	August 31, 1997
4. *SOCIAL SECURITY NUMBER	313-07-4007
5a. AGE—Last Birthday (Years)	83
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	March 18, 1914
7. BIRTHPLACE (City and State or Foreign Country)	Elwood, IN.
8a. WAS DECEDENT A US VETERAN?	Yes
8b. YEAR LAST SERVED IN US ARMED FORCES?	1945
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)	Southlake Methodist Hospital
9c. CITY, TOWN OR LOCATION OF DEATH	Merrillville
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Dorothy Rose
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Steel Worker
12b. KIND OF BUSINESS/INDUSTRY	U.S. Steel Sheet & Tin
13a. RESIDENCE—STATE	IN.
13b. COUNTY	Lake
13c. CITY, TOWN OR LOCATION	Merrillville
13d. STREET AND NUMBER	7507 Marshall Street
13e. ZIP CODE	46410
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	12
College (1-4 or 5+)	

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Leo Parsons
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Gladys Yelvington

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Dorothy Parsons
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	7507 Marshall Street Merrillville, IN 46410
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	September 2, 1997 Calumet Park Cemetery
21c. LOCATION—City or Town, State	Merrillville, IN
22a. EMBALMER'S NAME	Leonard Gregorczyk
22b. EMBALMER'S LICENSE NO	FD08800305
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Leonard Gregorczyk
24b. LICENSE NUMBER (of Licensee)	FD08800305
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Stilinovich & Wiatrolik, 7535 Taft St. Merrillville, IN. FH08004455

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. WIDELY METASTATIC ADENOCARCINOMA

DUE TO (OR AS A CONSEQUENCE OF)

b.

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.

Approximate Interval Between Onset and Death

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
[signature]	01042582	9-4-97

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Dr. Paul Stanish 9239 Broadway Merrillville, Indiana 46410 756-4900

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Alexander S. Williams, M.D.	September 8, 1997

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)

00157

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE IN THE LAKE COUNTY HEALTH DEPARTMENT

SEP 8 1997

Alexander S. Williams
LAKE COUNTY HEALTH COMMISSIONER

FILED

AUDITOR LAKE CO.

SAM OFLICH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 058803

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1