

\* 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.

INDIANA STATE DEPARTMENT OF HEALTH

Key # 42-260-12

Local No. 0892-78

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

PARENTS

INFORMANT

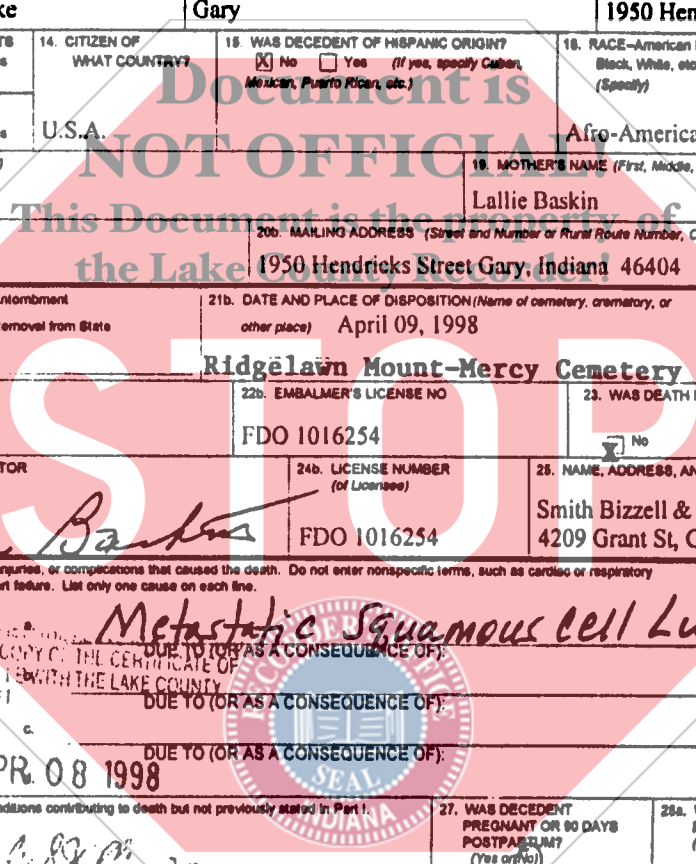
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Lanier Richard Nunn				2. SEX Male		3a. TIME OF DEATH 4:00 P M		3b. DATE OF DEATH (Month, Day, Yr) April 04, 1998	
4. SOCIAL SECURITY NUMBER 308-36-1355		5a. AGE—Last Birthday (Years) 62		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) August 17, 1935	
7. BIRTH-PLACE (City and State or Foreign Country) Brinkley, Arkansas		8a. WAS DECEDENT A U.S. VETERAN? No							
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence							
9a. FACILITY NAME (If not institution, give street and number) William J. Riley Mem. Residence				9b. CITY, TOWN, OR LOCATION OF DEATH Munster			9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Geraldine Webb		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer			12b. KIND OF BUSINESS/INDUSTRY USX Steel Mill		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary			13d. STREET AND NUMBER 1950 Hendricks Street		
13e. ZIP CODE 46404		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) Afro-American	
17. DECEDENT'S EDUCATION (Specify highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5+) 11		18. FATHER'S NAME (First, Middle, Last) Eddie Nunn							
19. MOTHER'S NAME (First, Middle, Maiden Surname) Lallie Baskin								20a. INFORMANT'S NAME (Type/Print) Geraldine Nunn	
20b. MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1950 Hendricks Street Gary, Indiana 46404				20c. Relationship Wife		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) April 09, 1998 Ridgeland Mount-Mercy Cemetery				21c. LOCATION—City or Town, State Gary, Indiana		22a. EMBALMER'S NAME Sherman Banks III			
22b. EMBALMER'S LICENSE NO. FDO 1016254				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>			
24b. LICENSE NUMBER (of Licensee) FDO 1016254				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, 4209 Grant St, Gary, IN, 46408					
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) Metastatic Squamous Cell Lung Cancer 5 months DUE TO (OR AS A CONSEQUENCE OF): APR. 08 1998									
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Alexander S. Skilton M.D.</i>									
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) <input checked="" type="checkbox"/> No									
28a. WAS AN AUTOPSY PERFORMED? (Yes or No) <input checked="" type="checkbox"/> No									
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <input checked="" type="checkbox"/> 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>Barbara R Fuller, M.D.</i>						29c. MEDICAL LICENSE NO. 01034701		29d. DATE SIGNED (Month, Day, Year) 4/7/98	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (WEM 26)(Type/Print) Dr. B. Fuller 9305 Calumet Avenue Munster IN 836-2860.									
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Skilton M.D.</i>						32. DATE FILED (Month, Day, Year) April 8, 1998			
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. WHERE INJURY OCCURRED	
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		34f. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (WEM 26)(Type/Print) SAM ORLICH MUNSTER LAKE COUNTY							
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.					



FILED April 8, 1998

SAM ORLICH MUNSTER LAKE COUNTY

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