

* 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
CERTIFICATE OF DEATH
State No. 15-365-22
FOR ADMINISTRATIVE USE ONLY...

Local No. 97-475

RESUBMIT 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) Zan Morgan		2 SEX Male	3a TIME OF DEATH 11:52 P.M.	3b DATE OF DEATH (Month Day Yr) June 28, 1997	
4 SOCIAL SECURITY NUMBER 307-20-0171	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) April 12, 1925	
7 BIRTHPLACE (City and State or Foreign Country) Auburn, Alabama	8a WAS DECEDENT A US VETERAN? Yes				
8b YEAR LAST SERVED IN US ARMED FORCES? 1946	8c PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input 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) Gary Methodist Northlake		9b CITY TOWN OR LOCATION OF DEATH Gary	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Lola Douglas	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Group Leader/Crane Operator		12b KIND OF BUSINESS/INDUSTRY Bud Automotive/USX	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 1112 West 19th Avenue		
13e ZIP CODE 46407	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 American Puerto Rican etc)	16 RACE—American Indian, Black, White etc (Specify) Afro American	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10		17 College (1-4 or 5+)			
18 FATHER'S NAME (First Middle Last) James Morgan		19 MOTHER'S NAME (First Middle Maiden Surname) Lucy Core			
20a INFORMANT'S NAME (Type, Print) Lola Morgan		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 1112 W. 19th Ave., Gary, Indiana 46407		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) July 5, 1997 Fern Oak Cemetery		21c LOCATION—City or Town State Griffith, Indiana	
22a EMBALMER'S NAME Sherman Banks III		22b EMBALMER'S LICENSE NO FD01016254		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>		24b LICENSE NUMBER (of Licensee) FD01016254		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home 4209 Grant St., Gary, Indiana 46408 FH19600034	
26 PART I Enter the diseases, injuries or complications that caused the death Do not enter non-specific terms such as cardiac or respiratory arrest, shock or heart failure List only one cause on each line				Approximate Interval Between Onset and Death Unknown	
IMMEDIATE CAUSE (Underlined) Vascular collapse					
DUE TO (OR AS A CONSEQUENCE OF) Due to acute epiglottitis					
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE I.E.T. Severe laryngeal edema					
PART II Other significant conditions (Conditions contributing to death but not previously stated in Part I) AUDITOR LAKE COUNTY					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a CERTIFIER (Check only one) Deputy		29b CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated			
29c 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		29d 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			
29e SIGNATURE AND TITLE OF CERTIFIER <i>Deputy</i>		29f MEDICAL LICENSE NO N/A		29g DATE SIGNED (Month Day Year) January 2, 1998	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 43607					
31 HEALTH OFFICER'S SIGNATURE <i>Donna Melyon</i>				32 DATE FILED (Month Day Year) JAN 05 1998	
33 MANNER OF DEATH <input checked="" 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
34a 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)			
34g DATE PRONOUNCED DEAD (Month Day Year) June 28, 1997		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc No.			

DECEDENT

PARENTS

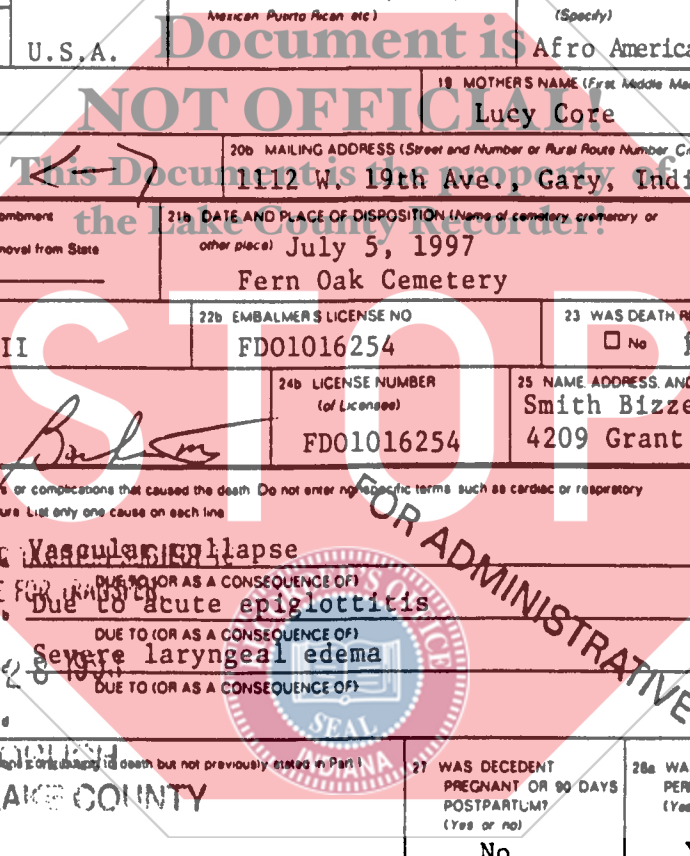
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



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9/13