STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME — FIRST: CLARENCE — MIDDLE: — LAST: MEYER
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MAY 8, 1997
4. SOCIAL SECURITY NUMBER: 306-10-7913
5a. AGE-Last Birthday (years): 94
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 Day — Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): FEBRUARY 5, 1903
7. BIRTHPLACE (City and State or Foreign Country): MILWAUKEE, WISCONSIN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): NO
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: X Inpatient __ ER/Outpatient __ DOA — OTHER: __ Nursing Home __ Residence __ Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): NO
9c. FACILITY NAME (If not institution, give street and number): BAPTIST HOSPITAL
9d. CITY, TOWN, OR LOCATION OF DEATH: MIAMI
9e. COUNTY OF DEATH: DADE
10. GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED
10a. DECEDENT'S USUAL OCCUPATION: BUSINESS EXECUTIVE
10b. KIND OF BUSINESS/INDUSTRY: BOTONIC GARDENS
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): MARRIED
12. SURVIVING SPOUSE (If wife, give maiden name): MARIE REILLY
13a. RESIDENCE — STATE: FLORIDA
13b. COUNTY: DADE
13c. CITY, TOWN, OR LOCATION: MIAMI
13d. STREET AND NUMBER: 8405 S.W. 91 STREET
13e. INSIDE CITY LIMITS? (Yes or No): NO
13f. ZIP CODE: 33156
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) __ No __ Yes Specify
15. RACE — American Indian, Black, White, etc. Specify: WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) — College (1-4 or 5+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOSEPH E. MEYER
18. MOTHER'S NAME (First, Middle, Maiden Surname): CECELIA HOEDEL
19a. INFORMANT'S NAME (Type/Print): MARIE MEYER
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): POST OFFICE BOX 427, GLENWOOD, ILLINOIS 60425

DISPOSITION

20a. METHOD OF DISPOSITION: __ Burial __ Cremation X Removal from State __ Donation __ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): CALUMET PARK CEMETERY
20c. LOCATION — City or Town, State: MERRILLVILLE, INDIANA
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Thomas A. Nicolette
21b. LICENSE NUMBER (of Licensee): 2907
21c. NAME AND ADDRESS OF FACILITY: VAN ORSDEL NORTHSIDE FUNERAL CHAPEL, 3333 N.E. 2 AVE., MIAMI, FLORIDA 33137

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title): Wayne Siegel, M.D.
22b. DATE SIGNED (Mo., Day, Yr.): MAY 12, 1997
22c. HOUR OF DEATH: 10:00 P. M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

23a. 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. (Signature and Title)
23b. DATE SIGNED (Mo., Day, Yr.)
23c. HOUR OF DEATH M
23d. MEDICAL EXAMINER'S CASE #
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): WAYNE SIEGEL, M.D. 8720 N. KENDALL DRIVE, # 211, MIAMI, FLORIDA
25a. SUBREGISTRAR — SIGNATURE AND DATE: Jane Armistead MAY 12 1997
25b. LOCAL REGISTRAR — SIGNATURE: Maurice Darden
25c. DATE REGISTERED: MAY 14 1997

CAUSE OF DEATH BY CERTIFIER

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Ventricular fibrillation
DUE TO (OR AS A CONSEQUENCE OF)
b. HYPOXEMIA
DUE TO (OR AS A CONSEQUENCE OF)
c. Anemia
DUE TO (OR AS A CONSEQUENCE OF)
d. Bone Marrow Failure, Prostatic Cancer

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Prostatic Cancer
27a. WAS AN AUTOPSY PERFORMED? (Yes or No): NO
27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
28. ...
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? __ YES __ NO
30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED
30b. DATE OF SURGERY (Mo., Day, Year)
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY M
32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED
32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

HRS Form 512, Jan. 93 (Previous Editions Obsolete)

State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

VOID IF ALTERED OR ERASED

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99 OCT -4 AM 9:20

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

MORRIS W. CARTER RECORDER

FILED

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

SEP 29 1999

PETER BENJAMIN LAKE COUNTY AUDITOR

00587

Bank Calumet National 9.00 C.P. 061343

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

MAY 15 1997

BY Maurice Darden

State Registrar

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FLORIDA DEPARTMENT OF HEALTH

GREAT SEAL OF THE STATE OF FLORIDA — IN GOD WE TRUST

HRS FORM 1564 (10-96)

CERTIFICATION OF VITAL RECORD