STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO 351

Field	Entry
1 DECEDENT'S NAME (First, Middle, Last)	Gustave Adolph Carlson
2 SEX	Male
3 DATE OF DEATH (Month, Day, Year)	January 22, 1996
4 SOCIAL SECURITY NUMBER	306-09-1879
5a AGE-Last Birthday (years)	80
6 DATE OF BIRTH (Month, Day, Year)	July 2, 1915
7 BIRTHPLACE (City and State or Foreign Country)	Gary, Indiana
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	No
9a PLACE OF DEATH	HOSPITAL: X Inpatient
9b INSIDE CITY LIMITS? (Yes or No)	Yes
9c FACILITY NAME	Cape Coral Hospital
9d CITY, TOWN, OR LOCATION OF DEATH	Cape Coral
9e COUNTY OF DEATH	Lee
10a DECEDENT'S USUAL OCCUPATION	Supervisor
10b KIND OF BUSINESS/INDUSTRY	Steel Mill
11 MARITAL STATUS	Married
12 SURVIVING SPOUSE (If wife, give maiden name)	Vera Coblentz
13a RESIDENCE — STATE	Indiana
13b COUNTY	Lake
13c CITY, TOWN, OR LOCATION	Merrillville
13d STREET AND NUMBER	5360 Buchanan Street
13e INSIDE CITY LIMITS?	Yes
13f ZIP CODE	46410
14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN?	X No
15 RACE	White
16 DECEDENT'S EDUCATION (College 1-4 or 5+)	5+
17 FATHER'S NAME (First, Middle, Last)	Eric Carlson
18 MOTHER'S NAME (First, Middle, Maiden Surname)	Karen Karlson
19a INFORMANT'S NAME (Type/Print)	Vera Carlson
19b MAILING ADDRESS	5360 Buchanan Street Merrillville, Indiana 46410
20a METHOD OF DISPOSITION	X Removal from State
20b PLACE OF DISPOSITION	Ridge Lawn Cemetery
20c LOCATION — City or Town, State	Gary, Indiana
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	[signature]
21b LICENSE NUMBER (of Licensee)	4092
21c NAME AND ADDRESS OF FACILITY	Metz Funeral Home 1306 Lafayette Street Cape Coral, Florida 33904
22a CERTIFIER (Signature and Title)	[signature] James A. Conrad
22b DATE SIGNED (Mo, Day, Yr)	1/24/96
22c HOUR OF DEATH	11:37 AM
23d MEDICAL EXAMINER'S CASE #	__-__-__
24 NAME AND ADDRESS OF CERTIFIER	James A. Conrad, M.D. 8540 College Parkway Fort Myers, Florida 33919
25b LOCAL REGISTRAR — SIGNATURE	[signature]
25c DATE REGISTERED	Jan 29 1996
26 PART I IMMEDIATE CAUSE a	Pneumonia
27a WAS AN AUTOPSY PERFORMED?	No
28 CASE REFERRED TO MEDICAL EXAMINER?	No

DUE TO (OR AS A CONSEQUENCE OF)

HRS Form 512, Jan 93 (Previous Editions Obsolete)

2000 079406

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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OCT 31 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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

BY *Mary Lou Holley* Jan. 29, 1996 State Registrar 02403

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HRS FORM 1564 (10/90)

CERTIFICATION OF VITAL RECORD

Meadowdale Subdiv. Lot 15 Block 8
Key# 15-271-15
unit #8

9.00

25 x