

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2447-95.....

CERTIFICATE OF DEATH

State No. 16-27-0286-0037

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

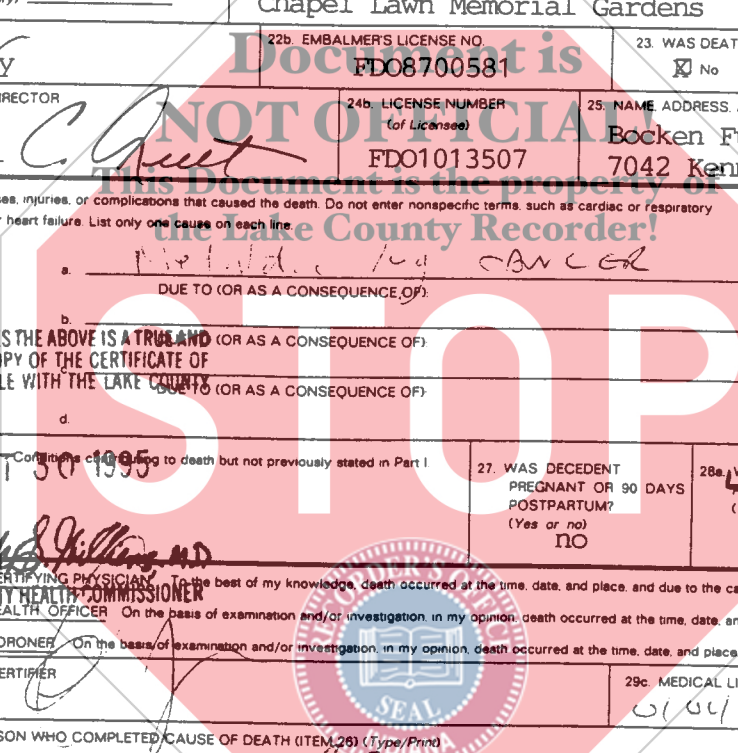
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) GROVER J. POOLE				2. SEX MALE		3a. TIME OF DEATH 11:20 AM		3b. DATE OF DEATH (Month, Day, Yr.) OCTOBER 26, 1995	
4. *SOCIAL SECURITY NUMBER 317-16-8052		5a. AGE—Last Birthday (Years) 20020		5b. UNDER 1 YEAR 042778		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) NOV. 29, 1924	
7. BIRTHPLACE (City and State or Foreign Country) Handcock Co., Kentucky		8a. WAS DECEDENT A U.S. VETERAN? Yes WWII							
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) Residence: 9204 Johnston				9c. CITY, TOWN, OR LOCATION OF DEATH Highland			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Margaret Morris		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Electrical Tech.			12b. KIND OF BUSINESS/INDUSTRY Inland Steel Co.		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland			13d. STREET AND NUMBER 9204 Johnston		
13e. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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) white	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+) 									
18. FATHER'S NAME (First, Middle, Last) Grover Poole					19. MOTHER'S NAME (First, Middle, Maiden Surname) Margie DeWitt				
20a. INFORMANT'S NAME (Type/Print) Mrs. Margaret Poole				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9204 Johnston Highland, IN 46322			20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) October 30, 1995 Chapel Lawn Memorial Gardens			21c. LOCATION—City or Town, State Schererville, Indiana			
22a. EMBALMER'S NAME David McCoy			22b. EMBALMER'S LICENSE NO. FDO8700581			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b. LICENSE NUMBER (of Licensee) FDO1013507			25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Ave. Hammond, IN 46323			
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. Metastatic Lung Cancer DUE TO (OR AS A CONSEQUENCE OF) b. Primary Lung Cancer DUE TO (OR AS A CONSEQUENCE OF) c. Primary Lung Cancer DUE TO (OR AS A CONSEQUENCE OF) d. Primary Lung Cancer DUE TO (OR AS A CONSEQUENCE OF) Approximate Interval Between Onset and Death 10 months									
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no									
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) no									
28b. WERE FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) no									
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN: In 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>[Signature]</i> LAKE COUNTY HEALTH COMMISSIONER						29c. MEDICAL LICENSE NO. 01040756		29d. DATE SIGNED (Month, Day, Year) Oct. 30, 1995	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) G. Jano, M.D. 7905 Calumet Avenue Munster, IN 46321									
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> Alexander S. Williams, M.D.								32. DATE FILED (Month, Day, Year) October 30, 1995	
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. DESCRIBE HOW INJURY OCCURRED	
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)					34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) BD 000509 9:00 cash				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						



FILED

MAY 07 2002

PETER BENJAMIN LAKE COUNTY AUDITOR