

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.

Local No. 2265-00

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Morris E. Finnie				2 SEX Male		3a TIME OF DEATH 10:45 AM		3b DATE OF DEATH (Month, Day, Yr) October 1, 2000	
4 *SOCIAL SECURITY NUMBER 503-16-8461		5a AGE—Last Birthday (Years) 79	5b UNDER 1 YEAR Months Days 04 7990	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Apr 26, 1921		7 BIRTHPLACE (City and State or Foreign Country) Madison, South Dakota		
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR WAS SERVED IN U.S. ARMY, NAVY, ETC. 1945		9 PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER MORITZ FUNERAL HOME					
9b FACILITY NAME (If not institution, give street and number) 1117 N. Elmer				9c CITY, TOWN, OR RURAL ROUTE Griffith		9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Norma Riedel		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machine Operator		12b KIND OF BUSINESS/INDUSTRY Steel Manufacturing			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake	13c CITY, TOWN OR LOCATION Griffith		13d STREET AND NUMBER 1117 N. Elmer				
13e ZIP CODE 46319	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) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 		
18 FATHER'S NAME (First, Middle, Last) Frank Finnie				19 MOTHER'S NAME (First, Middle, Maiden Surname) Anna Wise					
20a INFORMANT'S NAME (Type/Print) Norma M. Finnie				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1117 N. Elmer, Griffith, Ind., 46319				20c Relationship Wife	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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 4, 2000 Chapel Lawn Cemetery			21c LOCATION—City or Town, State Schererville, Indiana			
22a EMBALMER'S NAME Edgar C. Gleim			22b EMBALMER'S LICENSE NO FDO 1016173		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a SIGNATURE OF FUNERAL DIRECTOR <i>C.A. Kuiper</i>			24b LICENSE NUMBER (of licensee) FDO 1014511		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 83007500				
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. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT IMMEDIATE CAUSE OF DEATH (OR AS A CONSEQUENCE OF) a. Stroke b. HEALTH DEPT c. OCT 04 2000 d. HEALTH DEPT CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST									
26 PART II Other significant conditions—Conditions contributing to death but not previously stated in Part I									
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)			28a WAS AN AUTOPSY PERFORMED? (Yes or no) PETER BENJAMIN LAKE COUNTY AUDITOR			28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE? (Yes or 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>[Signature]</i>			29c MEDICAL LICENSE NO. * 01041301		29d DATE SIGNED (Month, Day, Year) * 10/2/00	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Cheryl L. Morgan - Thig, M.D. 1630 45th Avenue Munster, IN 46321									
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32 DATE FILED (Month, Day, Year) October 3, 2000			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined			34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED 9- n.k. 002527			
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)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Document is NOT OFFICIAL
This is the official property of Lake County Recorder!
COMMUNITY TITLE COMPANY FILE NO. 2265-00
STOP
MAY 20 2009
PETER BENJAMIN LAKE COUNTY AUDITOR