* **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.

Local No. 18916-01

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

LAKE COUNTY
FILED FOR RECORD
2002 060960
2002 JUL -9 AM 10:18
MORRIS W. CARTER
RECORDER

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	William H. Clark
2. SEX	Male
3a. TIME OF DEATH	2:31 AM
3b. DATE OF DEATH (Month, Day, Yr)	Aug.26,2001
4. *SOCIAL SECURITY NUMBER	337-07-5946
5a. AGE—Last Birthday (Years)	82
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	Sep.7,1918
7. BIRTHPLACE (City and State or Foreign Country)	Chicago, IL
8a. WAS DECEDENT A U.S. VETERAN?	yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1945
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	Methodist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH	Merrillville
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Margaret Jacobson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Photo Engraver
12b. KIND OF BUSINESS/INDUSTRY	Lithograph
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Merrillville
13d. STREET AND NUMBER	2850 W. 63rd Ln
13e. ZIP CODE	46410
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12) / College (1-4 or 5+)	12

PARENTS

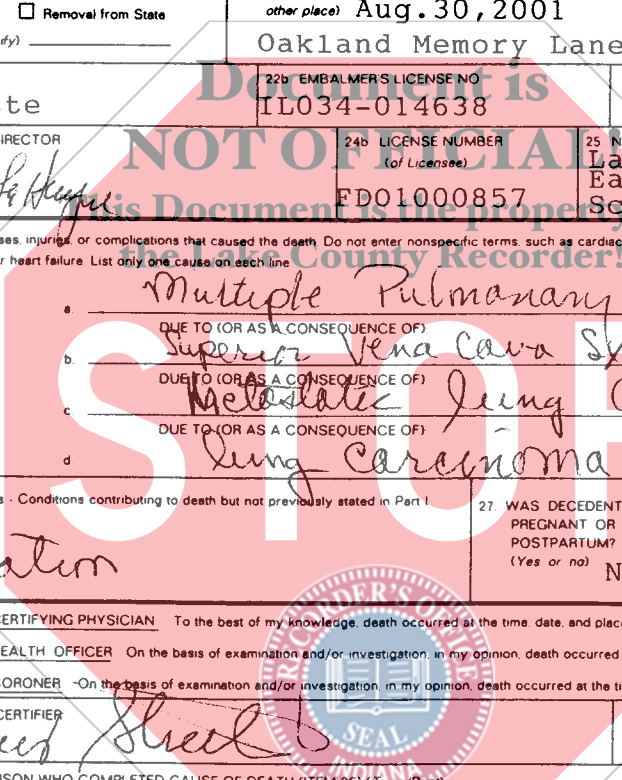
Field	Entry
18. FATHER'S NAME (First, Middle, Last)	William Henry Clark Jr.
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Zella Marie Sinks

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Margaret Clark
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2850 W. 63rd Ln.Merrillville, IN 46410
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Aug.30,2001 Oakland Memory Lanes
21c. LOCATION—City or Town, State	Dolton, Il
22a. EMBALMER'S NAME	Daniel Holste
22b. EMBALMER'S LICENSE NO	IL034-014638
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD01000857
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	LaHayne FH19400005,6956 South-Eastern, Hammond, IN for Schroeder-Lauer3227 Ridge Rd. Lansing, IL 60438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CAUSE OF DEATH

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

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Multiple Pulmonary Emboli	Days
DUE TO (OR AS A CONSEQUENCE OF) b.	Superior Vena Cava Syndrome	weeks
DUE TO (OR AS A CONSEQUENCE OF) c.	Metastatic Lung Carcinoma	Months
DUE TO (OR AS A CONSEQUENCE OF) d.	Lung Carcinoma	

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I: Emaciation

Field	Entry
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	None

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO	20000320
29d. DATE SIGNED (Month, Day, Year)	8-29-2001
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr. Dennis Streeter 119 E. 89th Av. Merrillville, IN 46410

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Susan [signature] D.O.
32. DATE FILED (Month, Day, Year)	AUG 27 2001

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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	
34e. 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	

FILED
JUL 5 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO 223454

SDH06-004 State Form 10110 (R5/1-99)