

OFFICE OF VITAL STATISTICS

FILE CERTIFIED COPY

2002 104156

2002 NOV 14 AM 10:57

CERTIFICATE OF DEATH

REC'D FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: Stewart MIDDLE: A. LAST: Lain			2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) March 24, 2002		4. SOCIAL SECURITY NUMBER 306-28-5622		5a. AGE-Last Birthday (years) 75
6. DATE OF BIRTH (Month, Day, Year) April 27, 1926		7. BIRTHPLACE (City and State or Foreign Country) North Judson Indiana		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				9b. INSIDE CITY LIMITS? (Yes or No) Yes
9c. FACILITY NAME (If not institution, give street and number) Naples Community Hospital			9d. CITY, TOWN, OR LOCATION OF DEATH Naples	
9e. COUNTY OF DEATH Collier				
10a. DECEDENT'S USUAL OCCUPATION Electrician	10b. KIND OF BUSINESS/INDUSTRY Construction	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Daisy May Lamb	
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hobart	13d. STREET AND NUMBER 595 N. Kelly Street	
13e. INSIDE CITY LIMITS? (Yes or No) Yes	13f. ZIP CODE 46342	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>Specify.</i>	15. RACE - American Indian, Black, White, etc. Specify. White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)
17. FATHER'S NAME (First, Middle, Last) Henry Lain		18. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Bailey		
19a. INFORMANT'S NAME (Type/Print) Daisy May Lain		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 595 N. Kelly Street, Hobart Indiana 46342		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) The Beachwood Crematory		20c. LOCATION - City or Town, State Naples FL
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Norma M. Kendall</i>		21b. LICENSE NUMBER (of Licenses) KA-416	21c. NAME AND ADDRESS OF FACILITY The Beachwood Society, Inc 2900 14th St. N. Ste. 40, Naples, Florida 34103	
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) <i>Mark J. Moskowitz</i>		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) <i>Mark J. Moskowitz</i>		
22b. DATE SIGNED (Mo., Day, Yr) 3/26/02	22c. HOUR OF DEATH 11:16 A.	23b. DATE SIGNED (Mo., Day, Yr)	23c. HOUR OF DEATH M	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
23d. MEDICAL EXAMINER'S CASE #				
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Mark J. Moskowitz, MD, 1100 Goodlette Rd., Naples, FL 34102				
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>Rum-Garcia, CDR</i>		25b. LOCAL REGISTRAR - SIGNATURE <i>Rum-Garcia, CDR</i>		DATE REGISTERED March 27, 2002

VOID IF ALTERED OR ERASED

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FILED

NOV 14 2002

PETER BENJAMIN LAKE COUNTY AUDITOR

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

BY *Rum-Garcia, CDR* MAR 27 2002

State Registrar 001108

11:00 LP

WARNING: 13405165

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DOH FORM 1564 (10-98)

CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATE
STEWART A. LAIN

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

LOT SIXTEEN (16) IN BLOCK TWO (2), AS MARKED AND LAID DOWN
ON THE RECORDED PLAT OF LARSON'S FIRST SUBDIVISION TO
HOBART, AS SHOWN IN PLAT BOOK 20 PAGE 26, IN LAKE COUNTY,
INDIANA

Commonly known as: 595 KELLY STREET, HOBART, IN

KEY # 27-18-0078-0016

