

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.

STEBUEN COUNTY DEATH CERTIFICATE

No.

Local No. 2002-15

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

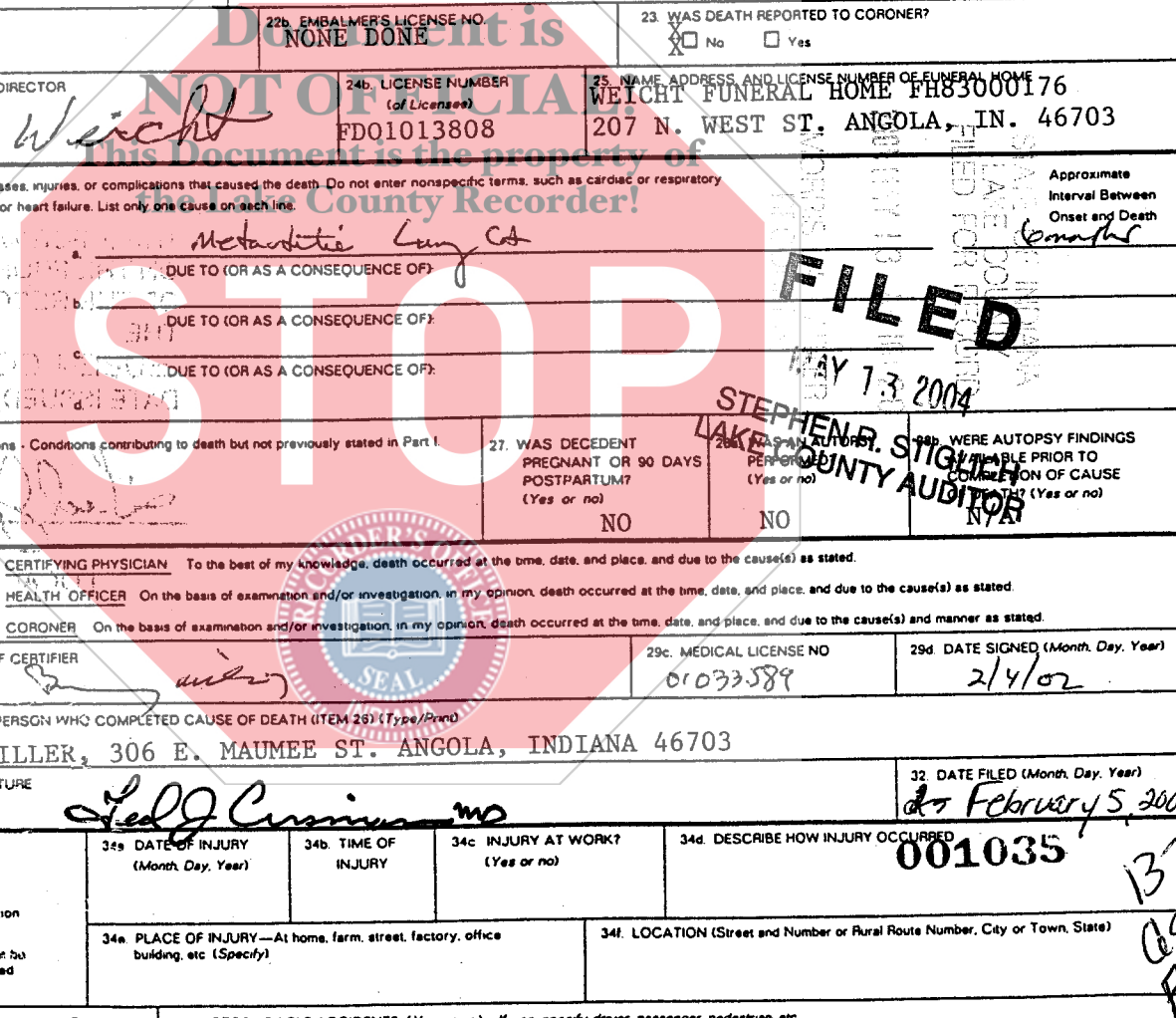
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) DAVID E. THOMAS		2 SEX MALE	3a. TIME OF DEATH 1:20 P M	3b. DATE OF DEATH (Month, Day, Yr) FEBRUARY 3, 2002
4. *SOCIAL SECURITY NUMBER 317-22-7666	5a. AGE—Last Birthday (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) APRIL 21, 1930
7. BIRTHPLACE (City and State or Foreign Country) SOUTH BEND, INDIANA	8a. WAS DECEDENT A U.S. VETERAN? NO			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		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"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) LAKELAND NURSING CENTER		9c. CITY, TOWN, OR LOCATION OF DEATH ANGOLA	9d. COUNTY OF DEATH STEBUEN	
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) DOROTHY M. WEBB	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) OWNER		12b. KIND OF BUSINESS/INDUSTRY FURNITURE STORE
13a. RESIDENCE—STATE INDIANA	13b. COUNTY STEBUEN	13c. CITY, TOWN, OR LOCATION ANGOLA		13d. STREET AND NUMBER 195 LN 150B LAKE JAMES
13e. ZIP CODE 46703	13f. INSIDE CITY LIMITS <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) 12 College (1-4 or 5 +) 1		18. FATHER'S NAME (First, Middle, Last) EDWARD J. THOMAS		
19. MOTHER'S NAME (First, Middle, Maiden Surname) MARY BLAKE		20a. INFORMANT'S NAME (Type/Print) DOROTHY M. THOMAS		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 195 LN 150B LK JAMES, ANGOLA, IN. 46703
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) FEBRUARY 5, 2002 NORTHERN IN. CREMATORY CORP.
21c. LOCATION—City or Town, State FT. WAYNE, INDIANA		22a. EMBALMERS NAME NONE DONE		22b. EMBALMERS LICENSE NO. NONE DONE
23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		24a. SIGNATURE OF FUNERAL DIRECTOR <i>Paul E Weicht</i>		
24b. LICENSE NUMBER (of Licensee) FD01013808		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME WEICHT FUNERAL HOME FH83000176 207 N. WEST ST. ANGOLA, IN. 46703		
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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Metabolic Lung CA				
a. DUE TO (OR AS A CONSEQUENCE OF):				
b. DUE TO (OR AS A CONSEQUENCE OF):				
c. DUE TO (OR AS A CONSEQUENCE OF):				
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) NO		28. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
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>Berry Miller</i>		29c. MEDICAL LICENSE NO. 01033589	29d. DATE SIGNED (Month, Day, Year) 2/4/02	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. BERRY MILLER, 306 E. MAUMEE ST. ANGOLA, INDIANA 46703				
31. HEALTH OFFICER'S SIGNATURE <i>Ledj Curious MD</i>				32. DATE FILED (Month, Day, Year) February 5, 2002
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		33a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED 001035		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. 24568				

HOLD FOR FIRST AMERICAN TITLE



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ON THE FRONT IS A CERTIFIED COPY
OF THE RECORD ON FILE WITH
THE
STEUBEN COUNTY HEALTH DEPT.
DATE ISSUED Feb 5 20 02

Paul J. Crisman

LOCAL HEALTH OFFICER

RECORDER'S OFFICE
LAKE COUNTY, INDIANA

LEGAL DESCRIPTION:

Parcel 1: Part of Lots 50 and 51 in the Town (now City) of Hobart, as per plat thereof, recorded in Deed Record "D", page 423, in the Office of the Recorder of Lake County, Indiana, described as follows: Beginning at the Northeasterly corner of Lot 51; thence Southerly along the Easterly line of Lots 51 and 50, a distance of 125 feet; thence Westerly parallel to the Southerly line of Third Street, 44 feet; thence Northerly parallel to said Easterly line, 25 feet; thence Westerly parallel to the Southerly line of Third Street, 3.72 feet; thence Northerly parallel to said Easterly line 100 feet to the Southerly line of Third Street; thence Easterly, along said Southerly line, 47.72 feet to the point of beginning.

Parcel 2: Part of Lots 50 and 51 in the Original Town (now City) of Hobart, as per plat thereof, recorded in Deed Record "D", page 423, in the Office of the Recorder of Lake County, Indiana, described as follows: Commencing on the South line of Third Street, 64.44 feet Southwesterly from the Northeasterly corner of Lot 51; thence Southerly parallel to Center Street, 100 feet; thence Northeasterly parallel to Third Street, 16.72 feet; thence Northerly parallel to Center Street, 100 feet to the South line of Third Street; thence Southwesterly on said South line, 16.72 feet to the place of beginning.

Subject to existing taxes, easements, covenants and restrictions of record.

Subject to any statements of fact or description on a mortgage location plat, legal survey or stake survey.

