

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 LAKE COUNTY State No. ....

Local No. 1155-04

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

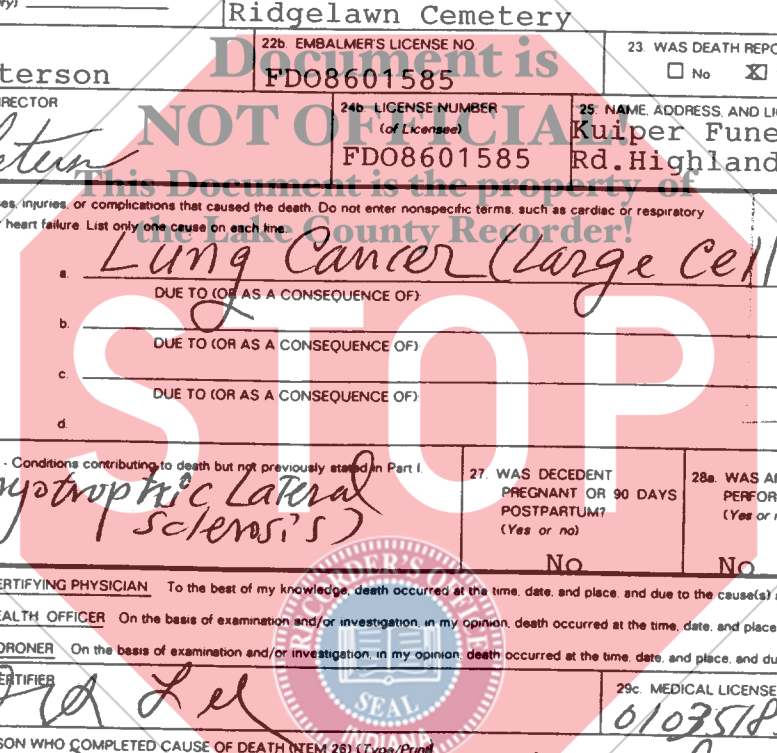
FILED FOR RECORD

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>Gerald E. Marsh</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>12:25PM</b>	3b DATE OF DEATH (Month, Day, Year) <b>May 1, 2004</b>	
4 *SOCIAL SECURITY NUMBER <b>311-28-0693</b>		5a AGE—Last Birthday <b>74</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	
6a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		6b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1955</b>		6c DATE OF BIRTH (Mo, Day, Yr) <b>Dec. 19, 1929</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, Indiana</b>		8a 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)			
9a FACILITY NAME (If not institution, give street and number) <b>3544 43rd Street</b>		9b CITY, TOWN, OR LOCATION OF DEATH <b>Highland</b>	9c COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Florence Tchalo</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Manager</b>		12b KIND OF BUSINESS/INDUSTRY <b>Chemical Distributi</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Highland</b>	13d STREET AND NUMBER <b>3544 43rd Street</b>		
13e ZIP CODE <b>46322</b>	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? <b>U.S.A.</b>	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) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+) <b>8</b>		18 FATHER'S NAME (First, Middle, Last) <b>Joseph Marsh</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Julia Stec</b>		20a INFORMANT'S NAME (Type/Print) <b>Florence Marsh</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3544 43rd St. Highland, In. 46322</b>		20c Relationship <b>Wife</b>			
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) <b>May 5, 2004 Ridgelawn Cemetery</b>		21c LOCATION—City or Town, State <b>Gary, Indiana</b>	
22a EMBALMER'S NAME <b>David R. Peterson</b>		22b EMBALMER'S LICENSE NO. <b>FDO8601585</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>David R. Peterson</i>		24b LICENSE NUMBER (of Licensee) <b>FDO8601585</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinmar Rd. Highland, In. 46322 FH10300021</b>	
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) <b>Lung Cancer (Large Cell)</b>		APPROXIMATE DATE OF DEATH <b>MAY 04 2004</b>			
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 <b>ALS (Amyotrophic Lateral Sclerosis)</b>			
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? <b>No</b>		28a WAS AN AUTOPSY PERFORMED? <b>No</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>	
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>David R. Peterson</i>		29c MEDICAL LICENSE NO. <b>01035785A</b>		29d DATE SIGNED (Month, Day, Year) <b>5-3-04</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>OH J. LEE, M.D. 5500 Hoffman Ave, Hammond, IN 46320</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Stephen R. Stiglitz</i>		32 DATE FILED (Month, Day, Year) <b>May 11, 2004</b>			
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/no)	34d DESCRIBE HOW INJURY OCCURRED
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 (If yes, specify driver, pedestrian, etc.)			

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

Unit # 16  
Key # 27-320-33  
Southtown Estates 9th Add lot 440



STEPHEN R. STIGLITZ  
LAKE COUNTY AUDITOR

002051

906  
15