

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. 35439

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

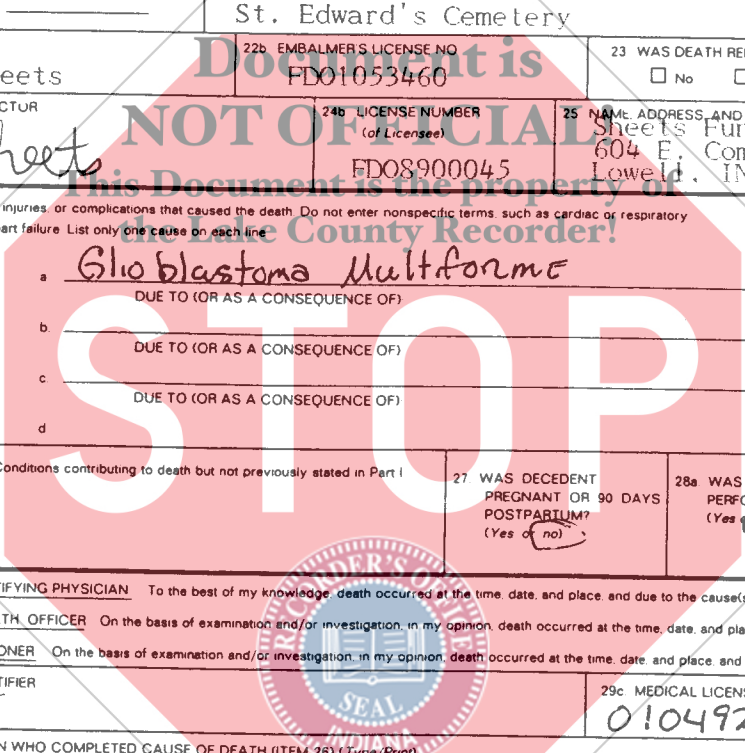
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle, Last) Francis J. Fletcher				2 SEX Male	3a TIME OF DEATH 11:00A _M	3b DATE OF DEATH (Month, Day, Yr) March 23, 2002
4 *SOCIAL SECURITY NUMBER 317-24-7891		5a AGE—Last Birthday (Year) 73	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Jan 13, 1929	7 BIRTHPLACE (City and State or Foreign Country) Indianapolis, IN
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1950	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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) 157 W. Lakeview Dr.				9c CITY, TOWN, OR LOCATION OF DEATH Lowell		9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Harriett J. DeaKyne		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Photographer		12b KIND OF BUSINESS/INDUSTRY Photography Business
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Lowell		13d STREET AND NUMBER 157 W. Lakeview Dr.
13a ZIP CODE 46356	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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) Francis Fletcher				19 MOTHER'S NAME (First, Middle, Maiden Surname) Phelonena Clavelin		
20a INFORMANT'S NAME (Type/Print) Harriett J. Fletcher				20b MAIN ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 157 W. Lakeview Dr., Lowell, IN 46356		20c Relationship Wife
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <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) March 27, 2002 St. Edward's Cemetery		21c LOCATION (City or Town, State) Lowell, IN	
22a EMBALMER'S NAME William A. Sheets			22b EMBALMER'S LICENSE NO. FD01053460		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR Ken Sheet			24b LICENSE NUMBER (of Licensee) FD08900045		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home, # 2104277 604 E. Commercial Ave. Lowell, IN	
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) a. <u>Glioblastoma Multiforme</u> DUE TO (OR AS A CONSEQUENCE OF) _____ Approximate Interval Between Onset and Death: <u>one year</u>						
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: b. _____ c. _____ d. _____						
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) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			28a WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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 [Signature]				29c MEDICAL LICENSE NO. 01049249		29d DATE SIGNED (Month, Day, Year) 03/26/02
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. E. Fletes, 297 Franciscan Dr., Suite 203, Crown Point, IN 46307						
31 HEALTH OFFICER'S SIGNATURE [Signature]						
32 DATE FILED (Month, Day, Year) April 3, 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"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) NOV 2 2004	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED STEPHEN R. STIGLICH LAKE COUNTY AUDITOR # 4836	
34g DATE PRONOUNCED DEAD (Month, Day, Year) 03/23/02		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 000213				



Donald R. O'Neil