

* 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. 0005-05
668445

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

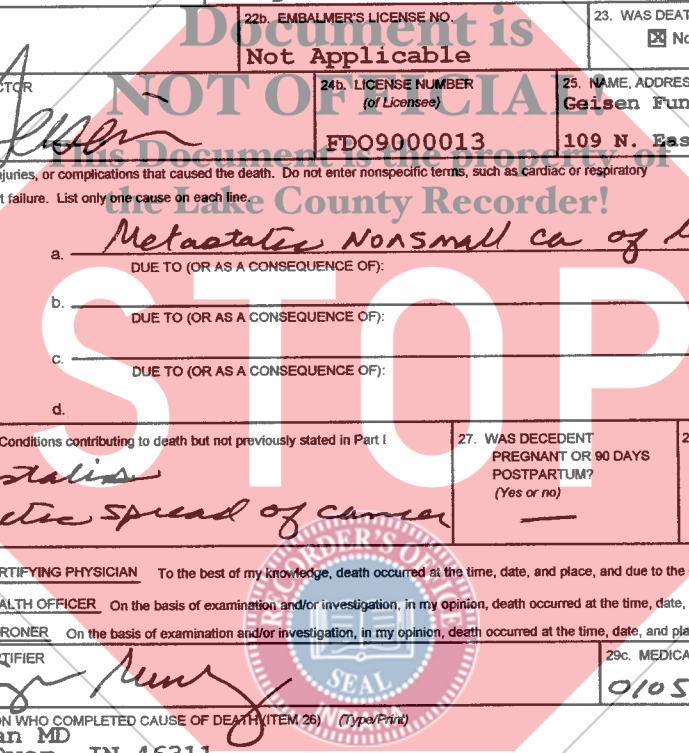
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Floyd Thomas Latta Sr.		2. SEX Male		3a. TIME OF DEATH 11:25 AM		3b. DATE OF DEATH (Month, Day, Yr.) January 3, 2005	
4. *SOCIAL SECURITY NUMBER 310-40-7578		5a. AGE - Last Birthday (Years) 65		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____	
6. DATE OF BIRTH (Mo., Day, Yr.) November 19, 1939		7. BIRTHPLACE (City and State or Foreign Country) Fulton County, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		PLACE OF DEATH (Check only one - See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) St. Anthony Hospice				9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Divorced		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Machanic		12b. KIND OF BUSINESS/INDUSTRY Automobile	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Hammond		13d. STREET AND NUMBER 7829 Whiteoak Lane	
13e. ZIP CODE 46324-		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) 10 College (1-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) Charles V. Latta				19. MOTHER'S NAME (First, Middle, Maiden Surname) Lula Arion			
20a. INFORMANT'S NAME (Type/Print) Ruth Latta				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7829 Whiteoak Lane Hammond IN 46324-		20c. Relationship Ex-Wife	
21a. 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)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 5, 2005 Kelly-Carroll Cremation Services		21c. LOCATION - City or Town, State Gary, Indiana			
22a. EMBALMER'S NAME Not Applicable		22b. EMBALMER'S LICENSE NO. Not Applicable		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FDO9000013		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home FH19900060 109 N. East St., Crown Point, Indiana 46307-			
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. Metastatic non-small ca of lung DUE TO (OR AS A CONSEQUENCE OF): years b. _____ DUE TO (OR AS A CONSEQUENCE OF): _____ c. _____ DUE TO (OR AS A CONSEQUENCE OF): _____ d. _____ 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 Brain metastasis lymphangietic spread of cancer				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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) No							
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) as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				29c. MEDICAL LICENSE NO. 01052342A		29d. DATE SIGNED (Month, Day, Year) 1/4/05	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Kathryn Mulligan MD 919 Main St., Dyer, IN 46311							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) January 4, 2005	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) JAN 7 2005		34b. TIME OF INJURY FILED		34c. INJURY AT WORK? (Yes or no) —	
34d. DESCRIBE HOW INJURY OCCURRED 9-2P cash				34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) JAN 7 2005			
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				34g. DATE PRONOUNCED DEAD (Month, Day, Year)			
34h. MOTOR VEHICLE INVOLVED? (Yes or no) (Specify driver, passenger, pedestrian, etc.) STEPHEN R. STIGLICH LAKE COUNTY AUDITOR							

Unit # 26
Key # 32-202-17
Beverly 6th Add
not 17 Block 6



FILED
JAN 11 2005
LAKE COUNTY RECORDERS OFFICE
CROWN POINT, INDIANA

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

000326