

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. 001037

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

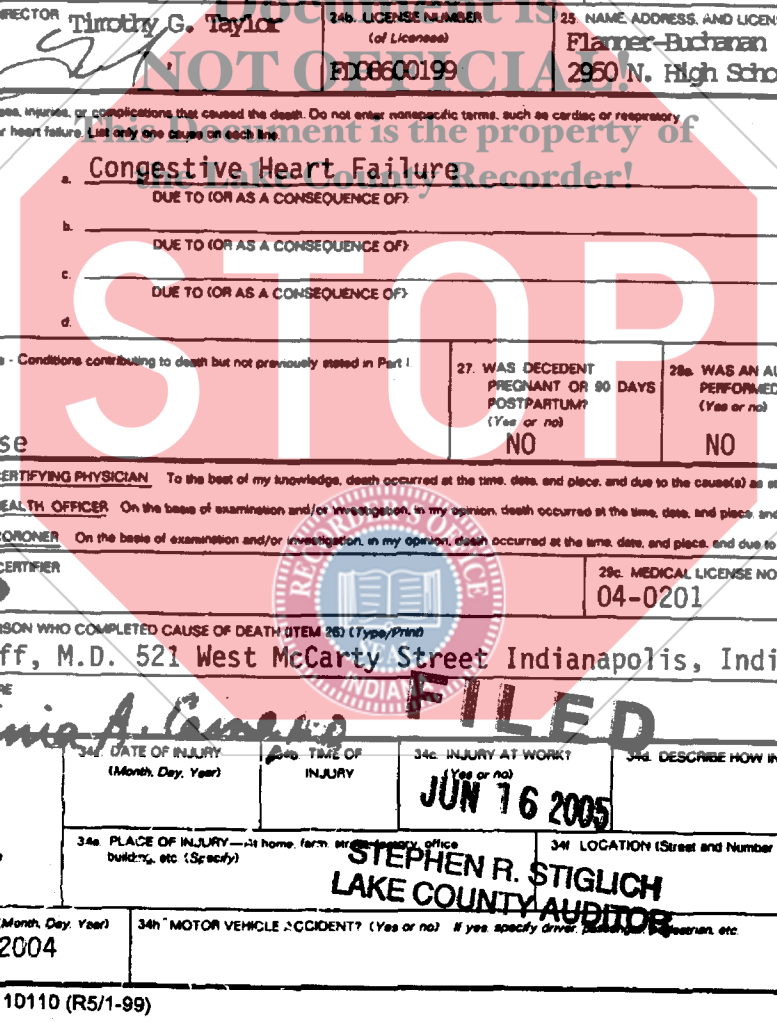
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Earl E. Buckley				2. SEX Male		3a. TIME OF DEATH 8:03 P M		3b. DATE OF DEATH (Month, Day, Year) February 1, 2004	
4. SOCIAL SECURITY NUMBER 357-05-1976		5a. AGE—Last Birthday (Years) 90		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		5. DATE OF BIRTH (Mo, Day, Yr) October 17, 1913	
6a. WAS DECEDENT A U.S. VETERAN? Yes		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1949		6c. 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					
6b. FACILITY NAME (If not institution, give street and number) The Indiana Heart Hospital				6c. CITY, TOWN OR LOCATION OF DEATH Indianapolis			6d. COUNTY OF DEATH Marion		
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) None		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Lawyer			12b. KIND OF BUSINESS/INDUSTRY Law		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point			13d. STREET AND NUMBER 269 Maxwell Street		
13a. ZIP CODE 46307		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) Emergency/Secondary (0-12) 12 College (1-4 or 5+) 5+		18. FATHER'S NAME (First, Middle, Last) Bernard Buckley							
19. MOTHER'S NAME (First, Middle, Maiden Surname) Rebecca Louise Bixenman								20a. INFORMANT'S NAME (Type/Print) James Buckley	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 614 S. Main St., Crown Point, IN 46307				20c. Relationship Son		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 4, 2004 Calumet Park Cemetery				21c. LOCATION—City or Town, State Merrillville, Indiana		22a. EMBALMER'S NAME Jason Stroup			
22b. EMBALMER'S LICENSE NO. FD09200100				23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		24. SIGNATURE OF FUNERAL DIRECTOR <i>Timothy G. Taylor</i>			
24b. LICENSE NUMBER (of Licensee) ED06600199				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Flanner-Buchanan Speedway Mar 6, FH3006431 2950 N. High School Rd., Indianapolis, IN 46224					
26. PART I. Enter the disease, 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. Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____									
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Renai Disease									
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) 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 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 checked="" 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>[Signature]</i>		29c. MEDICAL LICENSE NO. 04-0201		29d. DATE SIGNED (Month, Day, Year) March 5, 2004		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) John P. McGoff, M.D. 521 West McCarty Street Indianapolis, Indiana 46225	
31. HEALTH OFFICER'S SIGNATURE <i>Virginia A. Camacho</i>									
32. DATE FILED (Month, Day, Year) MAR 8 2004									
33. MANNER OF DEATH <input checked="" 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) JUN 16 2005		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no) NO		34d. DESCRIBE HOW INJURY OCCURRED 003444	
34e. PLACE OF INJURY—At home, farm, or other place, specify building, etc. (Specify) STEPHEN R. STIGLICH LAKE COUNTY AUDITOR				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g. DATE PRONOUNCED DEAD (Month, Day, Year) February 1, 2004				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					

(23) 9-2-14 Sunny side Add N 1/2 lot 14 & N 1/2 lot 15



Handwritten notes: 9-1-14, 340256, and initials.