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.

Local No. 2968-95

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Key # 4-10-1

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Russell D. Brown Sr.
2. SEX	Male
3a. TIME OF DEATH	10:05A M
3b. DATE OF DEATH (Month, Day, Yr)	December 28, 1995
4. *SOCIAL SECURITY NUMBER	307-01-2438
5a. AGE—Last Birthday (Years)	74
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	Dec 27, 1921
7. BIRTHPLACE (City and State or Foreign Country)	Kentucky
8a. WAS DECEDENT A U.S. VETERAN?	Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1945
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	St Anthonys Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH	Crown Point
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Phyllis J. Quaife
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Retired
12b. KIND OF BUSINESS/INDUSTRY	Globe Industries
13a. RESIDENCE—STATE	IN
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Lowell
13d. STREET AND NUMBER	1210 Lincoln
13e. ZIP CODE	46356
13f. INSIDE CITY LIMITS	[ ] No [X] Yes
13g. ON A FARM?	[X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Marvin Brown
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Marylou Cooper

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Phyllis J. Brown
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1210 Lincoln Lowell, IN 46356
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	[X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	December 30, 1995 Lowell Memorial Cemetery
21c. LOCATION—City or Town, State	Lowell, IN
22a. EMBALMER'S NAME	Kenneth P. Sheets
22b. EMBALMER'S LICENSE NO.	FD08900045
23. WAS DEATH REPORTED TO CORONER?	[X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Ken Sheets
24b. LICENSE NUMBER (of Licensee)	FD08900045
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Sheets Funeral Home, FDS3004277 604 E. Commercial Ave. Lowell, IN

CAUSE OF DEATH

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)

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

	Cause	Approximate Interval Between Onset and Death
a.	Respiratory Failure	Days
b. DUE TO (OR AS A CONSEQUENCE OF)	Chronic Obstructive Pulmonary Disease	Years
c. DUE TO (OR AS A CONSEQUENCE OF)	Sepsis	Days
d. DUE TO (OR AS A CONSEQUENCE OF)	Gastrointestinal Bleed.	Days.

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)

28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a. CERTIFIER (Check only one)

- [X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- [ ] 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.
- [ ] 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: Physician

29c. MEDICAL LICENSE NO. 01001002

29d. DATE SIGNED (Month, Day, Year) 12-29-95

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Richard Kreisa DO, 2068 Lucas Parkway, Lowell, IN 46356

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: D. Williams, MD

32. DATE FILED (Month, Day, Year) January 3, 1996

Field	Entry
33. MANNER OF DEATH	[ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
34a. DATE OF INJURY (Month, Day, Year)	
34b. TIME OF INJURY	
34c. INJURY AT WORK? (Yes or no)	
34d. DESCRIBE HOW INJURY OCCURRED	
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.	

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

JUN 2 1 2005

FILED JUN 2 1 2005 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

STOP

1744

96890