This Document Not Valid Unless Stamped on Reverse Side and Embossed With Raised Seal of Porter County

PORTER COUNTY

CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

TYPE/PRINT IN PERMANENT BLACK INK

2

DECEDENT

1. DECEASED-NAME (First Middle Last): MARL L. MILLION	2. SEX: Male	3a. TIME OF DEATH: 9:00PM	3b. DATE OF DEATH (Month Day Yr): September 5, 1996
4. SOCIAL SECURITY NUMBER: 430-24-0271	5a. AGE - Last Birthday (Years): 76	5b. UNDER 1 YEAR (Months / Days):	5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo Day Yr): Aug 9, 1920	7. BIRTHPLACE (City and State or Foreign Country): Pocahontas, Arkansas	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES: 1944

9a. PLACE OF DEATH (Check only one, See Instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Porter Memorial Hospital	9c. CITY TOWN OR LOCATION OF DEATH: Valparaiso	9d. COUNTY OF DEATH: Porter
10. MARITAL STATUS (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Marcella J Kreul	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Boilermaker	12b. KIND OF BUSINESS INDUSTRY: Steel	
13a. RESIDENCE - STATE: Indiana	13b. COUNTY: Lake	13c. CITY TOWN OR LOCATION: Lake Station
13d. STREET AND NUMBER: 2427 Warrick Street	13e. ZIP CODE: 46405	13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): William David Million

19. MOTHER'S NAME (First, Middle, Maiden Surname): Essie Melissa Johnson

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Marcella Million

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2427 Warrick Street, Lake Station, IN 46405

20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Sep 9, 1996 Calvary Cemetery

21c. LOCATION - City or Town State: Portage, Indiana

22a. EMBALMER'S NAME: James J. Krause

22b. EMBALMER'S LICENSE NO.: FD01006463

23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR: James J. Krause

24b. LICENSE NUMBER (of Licensee): FD01006463

25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342

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)

a. Gastrointestinal bleeding — Approximate Interval Between Onset and Death: 12 hours

DUE TO (OR AS A CONSEQUENCE OF)

b. Aorto colonic fistula — Unknown

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.: Chronic renal failure; carotid artery disease with infarction; dementia; coronary artery disease; [illegible] anemia

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

14-20-0082-0046

CERTIFIER

29a. CERTIFIER (Check only one)

☒ 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: Michael C. Weiss MD

29c. MEDICAL LICENSE NO: 30965

29d. DATE SIGNED (Month Day Year): September 9, 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Michael C. Weiss MD, 1101 E. Glendale Blvd., Valparaiso, IN 46383

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Gary A Babcock MD

32. DATE FILED (Month Day Year): September 9, 1996

FILED

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

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.

HOLD FOR THE TALON GROUP

FEB 07 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

002547 TD

11 — LP

2006 009702

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2006 FEB -7 AM 10:38

MICHAEL A. BROWN RECORDER

Prescribed by the
State Board of Accounts
(2005)

County Form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Mary Ann Hoogeveen
Signature of Declarant

Mary Ann Hoogeveen
Printed Name of Declarant