

* 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. ...#05-604.....

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

25-47-0245-0000
 C.D. Whites 1st Add
 Lots 7+8+9

1. DECEASED—NAME (First, Middle, Last) Floyd Conard Jr.		2. SEX Male	3a. TIME OF DEATH 1:55P.	3b. DATE OF DEATH (Month, Day, Year) October 31, 2005	
4. SOCIAL SECURITY NUMBER 237-44-0222		5a. AGE—Last Birthday (Years) 73	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	
6. DATE OF BIRTH (Mo, Day, Yr) July 19, 1932		7. BIRTHPLACE (City and State or Foreign Country) Highpoint, North Carolina			
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. 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) Methodist Hospital Northlake		9c. CITY, TOWN OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) FranCina Powell	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher/Consultant		12b. KIND OF BUSINESS/INDUSTRY Gary Community School	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary			
13d. STREET AND NUMBER 2978 West 20th Avenue		13e. ZIP CODE 46404			
13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
16. RACE—American Indian, Black, White, etc. (Specify) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (0-12) 006 College (1-4 or 5+) 5+			
18. FATHER'S NAME (First, Middle, Last) Floyd Conard Sr.		19. MOTHER'S NAME (First, Middle, Maiden Surname) Irene (Unknown) 006			
20a. INFORMANT'S NAME (Type/Print) FranCina Conard		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2978 West 20th Avenue Gary, Indiana 46404	20c. Relationship Wife		
21a. METHOD OF DISPOSITION <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) November 5, 2005 Ridgelawn Cemetery		21c. LOCATION—City or Town, State Gary, Indiana	
22a. EMBALMERS NAME Patrician Owens		22b. EMBALMER'S LICENSE NO. #08700298		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Carmelita D. Drey</i>		24b. LICENSE NUMBER (of Licensee) #29700070	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2959 West 11th Avenue Gary, Indiana 46404 #83007704		
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. Massive subdural and subarachnoid hemorrhage DUE TO (OR AS A CONSEQUENCE OF): Head trauma DUE TO (OR AS A CONSEQUENCE OF): FILED STOP DUE TO (OR AS A CONSEQUENCE OF): ADD 16 2006					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR					
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 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.		29c. MEDICAL LICENSE NO. 01026836		29d. DATE SIGNED (Month, Day, Year) 2-3-2006	
29e. SIGNATURE AND TITLE OF CERTIFIER <i>Charles H. Williams III, MD.</i>		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Odies H. Williams III, MD 2200 Grant Street Gary, Indiana 46404			
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) FEB 16 2006			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" 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) 10-24-2005	34b. TIME OF INJURY see incident report	34c. INJURY AT WORK? (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED Fell down steps, struck head on hard surface
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) At home		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2978 W. 20th Ave. Gary, IN 46404			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) 10-31-2005		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No			

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