

* 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.

Key # 30-437-2

Local No. 1641-99

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

1 DECEASED—NAME (First, Middle, Last) DOUGLAS FLETCHER SR		2 SEX MALE	3a TIME OF DEATH 3:40 P.M.	3b DATE OF DEATH (Month, Day, Yr) JULY 11, 1999	
4 *SOCIAL SECURITY NUMBER 097-14-4030	5a AGE—Last Birthday (Years) 77	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Oct. 25, 1921	
7 BIRTHPLACE (City and State or Foreign Country) New York City, New York		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 <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) THE COMMUNITY HOSPITAL		9c CITY, TOWN OR LOCATION OF DEATH MUNSTER	9d COUNTY OF DEATH LAKE		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Eugenia Upshaw	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Manager (retired)		12b KIND OF BUSINESS/INDUSTRY Men's Retail Clothing	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION East Chicago		13d STREET AND NUMBER 1229 W. 151st Street	
13e ZIP CODE 46312	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) Black	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12th Grade		18 FATHER'S NAME (First, Middle, Last) Robert Fletcher			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Winifred Campbell		20a INFORMANT'S NAME (Type/Print) Eugenia Fletcher			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1229 W. 151st Street East Chicago, IN 46312		20c Relationship Wife			
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) July 16, 1999 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Scherverville, Indiana	
22a EMBALMER'S NAME Tracy Cheri Williams		22b EMBALMER'S LICENSE NO. FDJ8600238		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b LICENSE NUMBER (of Licensee) FDJ8600238		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312 FH83001520	
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. <i>Adeno Carcinoma of Colon</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>with union of lung & rectum</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>metastases</i> DUE TO (OR AS A CONSEQUENCE OF) d.					
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)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>M. L. Williams</i>		29c MEDICAL LICENSE NO. 01029360		29d DATE SIGNED (Month, Day, Year) JULY 13, 1999	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MOHAMED M. KRAD, M.D. 1849 N CLINE AVENUE GRIFFITH, INDIANA 46319					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>		32 DATE FILED (Month, Day, Year) 7/14/99			
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)	34b TIME OF INJURY	34c INJURY (Specify)	34d DESCRIBE THE ABOVE INJURY AND COMPLETELY COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
34e PLACE OF INJURY—At home, farm, street, factory, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) JUL 14 1999 11-2P			
34g DATE PRONOUNCED DEAD (Month, Day, Year) 1700Z		34h MOTOR VEHICLE ACCIDENT? (Yes or no) driver, passenger, pedestrian, etc. <i>Alexander S. Williams, MD</i> LAKE COUNTY HEALTH COMMISSIONER			

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

FILED

AUG 30 2006 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

STATE OF INDIANA LAKE COUNTY HEALTH DEPT. FILED 7/14/99