INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1194-08 State No.

1. Decedent's Legal Name (First, Middle, Last): LOWELL C. GIBSON	1a. Maiden Last Name (If Female): N/A	2. Sex: M MALE	3. Time Of Death: 12:10 AM	4. Date Of Death (Month/Day/Year): APRIL 4, 2008
5. Social Security Number: 342-16-9998	6a. Age Yrs: 86	6b. Under 1 Year: Months	6c. Under 1 Month: Days	6d. Under 1 Day: Hours
6e. Under 1 Hour: Minutes	7. Date Of Birth (Month/Day/Year): OCT. 7, 1921	8. Birthplace (City And State Or Foreign Country): ILLINOIS		
9. Ever In U.S. Armed Forces? [X] Yes [ ] No Unknown [ ]	10. If Death Occurred In A Hospital: [X] Inpatient [ ] Emergency Department Outpatient [ ] Dead On Arrival	10a. If Death Occurred Somewhere Other Than A Hospital: [ ] Hospice Facility [ ] Decedent's Home [ ] Nursing Home/Long-Term Care Facility [ ] Other (Specify)		
11. Facility Name (If Not Institution, Give Street And Number): ST. MARGARET MERCY SOUTH HOSPITAL				
12. City Or Town, State, And Zip Code: DYER	13. County Of Death: LAKE	14. Marital Status At Time Of Death: [X] Married [ ] Married, But Separated [ ] Divorced [ ] Widowed [ ] Never Married [ ] Unknown		
15. Surviving Spouse's Name: HELEN GIBSON	15a. (If Wife) Give Maiden Last Name: HUGHES	16. Decedent's Usual Occupation: PROFESSOR	17. Kind Of Business/Industry: EDUCATION	
18. Residence – State: INDIANA	18a. County: LAKE	18b. City Or Town: DYER		
18c. Street And Number: 14009 W. 81st. AVE.	18d. Apt. No.: 46311	18e. Zip Code: 46311	18f. Inside City Limits? [X] Yes [ ] No	
19. Decedent's Education: PHD. DOCTORATE Please select education level:	20. Decedent Of Hispanic Origin: NO Please select Hispanic origin, if any:	21. Decedent's Race: WHITE Please select race:		
22. Father's Name (First, Middle, Last): OTA GIBSON	23. Mother's Name (First, Middle, Last): IVA	23a. Mother's Maiden Last Name: FELDKIRSCHNER		
24. Informant's Name: HELEN GIBSON	24a. Relationship To Decedent: WIFE	24b. Mailing Address (Street And Number, City, State, Zip Code): 14009 W. 81st. AVE. DYER, IND. 46311		
25a. Method Of Disposition: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal From State [ ] Other (Specify):	25. Place Of Disposition: 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): MEMORY LANE MEMORIAL GARDENS APRIL 9 2008	25c. Location – City, Town, And State: CROWN POINT, INDIANA		
26. Was Coroner Contacted? [ ] Yes [X] No	27. Name And Complete Address Of Funeral Facility: LINCOLN RIDGE FUNERAL HOME 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307	27a. Funeral Home License Number: FD0100888		
27b. Signature Of Indiana Funeral Service Licensee: Eli Tinglho	27c. License Number (Of Licensee): FD0100300			

Cause Of Death (See Instructions And Examples)

28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.

Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE CARDIAC ARREST — Approximate Interval: Onset To Death

Due To (Or As A Consequence Of): B. CHRONIC ATRIAL FIBRILLATION

Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last

Due To (Or As A Consequence Of): C. ARTERIOSCLEROTIC HEART DISEASE

Due To (Or As A Consequence Of): D.

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: ACUTE HEPATIC FAILURE

29. Was An Autopsy Performed? [ ] Yes [X] No

30. Were Autopsy Findings Available To Complete The Cause Of Death? [ ] Yes [ ] No

31. Did Tobacco Use Contribute To Death? [ ] Yes [ ] Probably [X] No [ ] Unknown	32. If Female: [ ] Not Pregnant Within Past Year [ ] Pregnant At Time Of Death [ ] Not Pregnant, But Pregnant Within 42 Days Of Death [ ] Not Pregnant, But Pregnant 43 Days To 1 Year Before Death [ ] Unknown If Pregnant Within The Past Year	33. Manner Of Death: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could Not Be Determined	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)	37. Injury At Work? [ ] Yes [ ] No
38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No. / 38d. Zip Code
39 Describe How Injury Occurred		40. If Transportation Injury, Specify: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)	
41. Signature Of Person Certifying Cause Of Death: Charles D. Egnatz		42. Certifier (Check Only One): [X] Certifying Physician [ ] Coroner [ ] Health Officer	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: CHARLES EGNATZ 1326 W. RT. US 30 SCHERERVILLE, IND. 46375		44. License Number: 01019054A	45. Date Certified: APRIL 4, 2008
46. Additional Funeral Service Provider:		47. *Akas:	
48. Signature of Local Health Officer: Susan W Burt D.O.		49. For Registrar Only – Date Filed (Month/Day/Year): April 10, 2008	

State Form 10110 (R7/9-07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

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FILED JUN 18 2008 MICHELLE A. BROWN RECORDER

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2008 JUN 18 PM 4:41

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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