

Parcel Nos. 45-08-31-477-012.000-001
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 2019-08

State No.

1. Decedent's Legal Name (First, Middle, Last) WILLIAM M. PRINCE				1a. Maiden Last Name (If Female)		2. Sex M	3. Time Of Death 12:18 PM	4. Date Of Death (Month/Day/Year) JUNE 8, 2008	
5. Social Security Number 257-16-7959	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) September 19, 1921		8. Birthplace (City And State Or Foreign Country) TALLASSEE, ALABAMA	
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) 5100 CHASE ST. GARY (CALUMET TOWNSHIP)									
12. City Or Town, State, And Zip Code GARY (CALUMET TOWNSHIP), INDIANA 46408					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name N/A			16. Decedent's Usual Occupation SALES & SERVICES		17. Kind Of Business/Industry HEAVY EQUIPMENT	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY (CALUMET TOWNSHIP)				18c. Street And Number 5100 CHASE ST. GARY (CALUMET TOWNSHIP)	
18d. Apt. No.		18e. Zip Code 46408		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2008063751			
19. Decedent's Education 8th grade or less		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) WILLIAM M. PRINCE				23. Mother's Name (First, Middle, Last) MAGGIE PRINCE				23a. Mother's Maiden Last Name HOWARD	
24. Informant's Name YVONNE PRINCE		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 5100 CHASE ST. GARY (CALUMET TOWNSHIP)					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, INDIANA				27a. Funeral Home License Number: FH10300021	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME 9039 KLEINMAN RD. HIGHLAND, INDIANA 46322							
27b. Signature Of Indiana Funeral Service Licensee: <i>Joud R Peter</i>						27c. License Number (Of Licensee) FD08601585			
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. ADVANCED NASOPHARYNGEAL CANCER Due To (Or As A Consequence Of) B. _____ Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Due To (Or As A Consequence Of) Approximate Interval: Onset To Death < 3 Mo									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given _____ Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 43 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown <input type="checkbox"/> Pregnant Within Time Of Death				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) red			
41. Signature Of Person Certifying Cause Of Death: <i>J.R. M... ..</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R. MUND MD 4321 FIN ST E. CHICAGO IN 46312						44. License Number 01031582		45. Date Certified 6-9-08	
46. Additional Funeral Service Provider:						47. *Akas: 13735			
48. Signature of Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <i>June 9, 2008</i>			

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This is the Property of the Lake County Recorder!
STOP
FILED
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR