INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2137-08   Parcel # 45-07-06-131-027.000-023   State No. ......

Field	Entry
1. Decedent's Legal Name (First, Middle, Last)	Clifford Douglas Morris
1a. Maiden Last Name (If Female)	N/A
2. Sex	Male
3. Time Of Death	11:52 AM
4. Date Of Death (Month/Day/Year)	September 4,2008
5. Social Security Number	317-38-4495
6a. Age – Yrs	69
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)	December 2, 1938
8. Birthplace (City And State Or Foreign Country)	East Chicago, IN
9. Ever In U.S. Armed Forces?	☒ Yes ☐ No Unknown ☐
10. If Death Occurred In A Hospital:	☐ 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)	1029 Eaton Street
12. City Or Town, State, And Zip Code	Hammond, IN. 46320
13. County Of Death	Lake
14. Marital Status At Time Of Death	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name	Tailia Morris
15a. (If Wife)Give Maiden Last Name	Childress
16. Decedent's Usual Occupation	Truck Driver
17. Kind Of Business/Industry	City of Hammond
18. Residence – State	Indiana
18a. County	Lake
18b. City Or Town	Hammond
18c. Street And Number	1029 Eaton Street
18d. Apt. No.	
18e. Zip Code	46320
18f. Inside City Limits?	☒ Yes ☐ No
19. Decedent's Education	11
20. Decedent Of Hispanic Origin	No
21. Decedent's Race	African American
22. Father's Name (First, Middle, Last)	Robert Morris
23. Mother's Name (First, Middle, Last)	Florida Lofton
23a. Mother's Maiden Last Name	Lofton
24. Informant's Name	Tailia Morris
24a. Relationship To Decedent	Wife
24b. Mailing Address (Street And Number, City, State, Zip Code)	1029 Eaton St. Hammond, IN. 46320

25. Place Of Disposition

Field	Entry
25a. Method Of Disposition	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	Evergreen Memorial Park
25c. Location – City, Town, And State	Hobart, Indiana
26. Was Coroner Contacted?	☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility	Alpha Mortuary 421 West 5th Ave. Gary, IN. 46402
27a. Funeral Home License Number	FH19900030
27b. Signature Of Indiana Funeral Service Licensee	Avis Roberson
27c. License Number (Of Licensee)	FD29700012

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.

		Cause	Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death	A.	Carcinoma of liver with mets	
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	B.	Due To (Or As A Consequence Of):	
	C	Due To (Or As A Consequence Of):	
	D.	Due To (Or As A Consequence Of):	

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: Coronary Artery Disease

Field	Entry
29. Was An Autopsy Performed?	☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death?	☐ Yes ☒ No
31. Did Tobacco Use Contribute To Death?	☐ Yes ☐ Probably ☒ 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	☒ 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	[signature]
42. Certifier (Check Only One)	☒ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death	13101 S. Baltimore Chicago IL 60633
44. License Number	036063750
45. Date Certified	9-11-08
46. Additional Funeral Service Provider	
47. *Akas:	
48. Signature of Local Health Officer	Susan W Best D.O.
49. For Registrar Only – Date Filed (Month/Day/Year)	September 12, 2008

FILED
SEP 17 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

013902

2008 SEP 12 AM 11:02

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 16-3 7-1-10