

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. 1241-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) TRULAN MERRITT				2 SEX MALE		3a TIME OF DEATH 2:39 P.M.		3b DATE OF DEATH (Month, Day, Yr.) MAY 15, 2003			
4 *SOCIAL SECURITY NUMBER 316-24-8597		5a AGE—Last Birthday (Years) 72		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr.) SEPT. 9, 1930		7 BIRTHPLACE (City and State or Foreign Country) HAMMOND, IN	
8a WAS DECEDENT A U.S. VETERAN? YES		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1952		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> 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 MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) ALICE VIRGINIA SEYL			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) POLICE OFFICER			12b KIND OF BUSINESS/INDUSTRY LAW ENFORCEMENT			
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN, OR LOCATION GRIFFITH			13d STREET AND NUMBER 1602 EAST ELM				
13e ZIP CODE 46319		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 type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) WHITE		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (11-4 or 5+) 12	
18 FATHER'S NAME (First, Middle, Last) THOMAS MERRITT						19 MOTHER'S NAME (First, Middle, Maiden Surname) EDITH FERRIS					
20a INFORMANT'S NAME (Type/Print) TERRI BOOTH				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4225 W 47th AVE., GARY, IN 46408				20c Relationship DAUGHTER			
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) CALUMET PARK CEMETERY				21c LOCATION—City or Town, State MERRILLVILLE, IN			
22a EMBALMER'S NAME SCOTT PREWITT				22b EMBALMER'S LICENSE NO. FDO 1006861		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>Fagen Miller</i>				24b LICENSE NUMBER (of Licensee) FDO 1006015		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN MILLER FUNERAL HOME FH83002754 242 N. GRIFFITH BLVD. GRIFFITH, IN					
26 PART I Enter the diseases, 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) <i>Metastatic Cancer</i> a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I										Approximate interval Between Onset and Death <i>1 1/2 year</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>Susan W. Best, M.D.</i>						29c MEDICAL LICENSE NO. 01040756		29d DATE SIGNED (Month, Day, Year) MAY 16, 2003			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) GHASSAN M. JANO, M.D. 7905 CALUMET AVENUE MUNSTER, INDIANA 46321											
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, M.D.</i>								32 DATE FILED (Month, Day, Year) May 20, 2003			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input 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)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED			
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)						34f LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.							

No: 920095816

LEGAL DESCRIPTION

Part of the East 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 36, Township 36 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as beginning at the Southwest corner of said East 1/2 of the Southeast 1/4 of the Northwest 1/4 and running thence North 263.84 feet, more or less, along the West line of said East 1/2 of the Southeast 1/4 of the Northwest 1/4 to a point which is 1059.6 feet South of the North line of said East 1/2 of the Southeast 1/4 of the Northwest 1/4; thence East 164.46 feet on a line which is parallel to and 1059.6 feet South of the North line of said East 1/2 of the Southeast 1/4 of the Northwest 1/4; thence South 263.79 feet, more or less, to a point on the South line of said East 1/2 of the Southeast 1/4 of the Northwest 1/4 which point is 164.44 feet East of aforescribed Southwest corner of the East 1/2 of the Southeast 1/4 of the Northwest 1/4; thence West 164.44 feet along the South line of said East 1/2 of the Southeast 1/4 of the Northwest 1/4 to the place of beginning.

