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INDIANA STATE DEPARTMENT OF HEALTH

042857

CERTIFICATE OF DEATH

State No.

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

Form with fields for: 1. DECEASED-NAME (Thomas E. Gilboe), 2. SEX (Male), 3a. TIME OF DEATH (4:45A M), 3b. DATE OF DEATH (December 14, 2006), 5a. AGE (79), 6. DATE OF BIRTH (May 8, 1927), 7. BIRTHPLACE (Hammond, IN), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1946), 9a. PLACE OF DEATH (Residence), 9b. FACILITY NAME (933 W. Glen Park Ave.), 9c. CITY, TOWN, OR LOCATION OF DEATH (Griffith), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Judy Lehman), 12a. DECEDENT'S USUAL OCCUPATION (Drug & Alcohol Counselor), 12b. KIND OF BUSINESS/INDUSTRY (Counseling), 13a. RESIDENCE-STATE (IN), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Griffith), 13d. STREET AND NUMBER (933 W. Glen Park Ave.), 13e. ZIP CODE (46319), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (College), 16. FATHER'S NAME (Thomas E. Gilboe), 19. MOTHER'S NAME (Marie Levan), 20a. INFORMANT'S NAME (Joyce Klisser), 20b. MAILING ADDRESS (8535 Moraine Ave. Munster, IN 46321), 20c. Relationship (Daughter), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (December 18, 2006, Chapel Lawn Memorial Gardens), 21c. LOCATION (Schererville, IN), 22a. EMBALMER'S NAME (John T. Noble), 22b. EMBALMER'S LICENSE NO. (9000031), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (9000031), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Burns-Kish Funeral Home #3004968, 8415 Calumet Munster, IN 46321), 26. PART I. Enter the diseases, injuries, or complications that caused the death. (Urinary Sepsis), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER (John Adlard MD), 29c. MEDICAL LICENSE NO. (01028396), 29d. DATE SIGNED (Dec. 14, 2006), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Dr. Adlard, 761 45th #110 Munster, IN 46321), 31. HEALTH OFFICER'S SIGNATURE (Susan D. But), 32. DATE FILED (December 15, 2006), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT?