

TYPE OR PRINT  
PLAINLY WITH UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use  
KEY 27-152-15  
WICKER HIGHLANDS  
A  
LOTS 15+16 & 51  
B Lot 14 3L 8

- C \_\_\_\_\_
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Disposition Permit Issued	/ /
Provisional Certificate	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

FUNERAL HOME No. 303  
 FUNERAL DIRECTOR'S LICENSE No. 1322  
 EMBALMER'S NAME LAWRENCE MILLER  
 FUNERAL DIRECTOR'S SIGNATURE *Lawrence Miller*

Local No. 153784

# INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No. \_\_\_\_\_  
DATE OF DEATH (MONTH, DAY, YEAR)  
3. AUG. 13, 1984

DECEASED—NAME 1. <b>HURLEY D. COOK</b>		SEX 2. <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>AUG. 13, 1984</b>
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. <b>WHITE</b>	AGE—Last Birthday (Yr.) 5a. <b>61</b>	UNDER 1 YEAR 5b. <b>MOB</b> <b>DAYS</b> <b>HOURS</b> <b>MIN</b>	DATE OF BIRTH (Mo., Day, Yr.) 6. <b>DEC. 3, 1922</b>
CITY, TOWN OR LOCATION OF DEATH 7b. <b>MUNSTER</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not in both, give street and number) 7c. <b>COMMUNITY HOSPITAL</b>	
STATE OF BIRTH (If not in U.S.A. name country) 8. <b>KANSAS</b>	CITIZEN OF WHAT COUNTRY 9. <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>MARRIED</b>	SURVIVING SPOUSE (If wife give maiden name) 11. <b>PEGGY LASLEY</b>
SOCIAL SECURITY NUMBER 13. <b>511-16-4651</b>		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a. <b>CONSULTANT</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>HILL &amp; KNOWLTON</b>
RESIDENCE—STATE 15a. <b>IND.</b>	COUNTY 15b. <b>LAKE</b>	CITY, TOWN OR LOCATION 15c. <b>HIGHLAND</b>	
STREET AND NUMBER 15d. <b>8812 KENNEDY AVE.</b>		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify street or rd.) 15f. <b>NO</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g. YES <input type="checkbox"/> NO <input type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST 16. <b>LYNN COOK</b>		MOTHER—MAIDEN NAME FIRST 17. <b>FRANCES BOWERS</b>	
INFORMANT—NAME RELATIONSHIP 18a. <b>PEGGY COOK WIFE</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 18b. <b>8812 KENNEDY AVE. HIGHLAND, IND. 46322</b>	
DISPOSITION 19a. <b>CREMATION</b>		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION 19b. <b>OAKLAND MEMORY LINES</b>	
DATE (MONTH DAY YEAR) 20a. <b>AUG. 15, 1984</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP) 20b. <b>FAGEN-MILLER FUNERAL GARDENS, INC. HIGHLAND, IND.</b>	
CERTIFIER 21a. Signature <i>Daniel D. Thomas, M.D.</i> NAME AND ADDRESS OF CERTIFIER (Type or Print) 21b. <b>DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</b>		DATE SIGNED (Mo., Day, Yr.) 21c. <b>8-13-84</b>	HOUR OF DEATH 21d. <b>12:46 a.</b>
HEALTH OFFICER—(Signature) 22a. <i>Carl Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>8-14-84</b>	
PART I 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) <b>Acute myocardial infarction</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Due to arteriosclerotic heart &amp; vascular disease</b> DUE TO OR AS A CONSEQUENCE OF (c) _____		Interval between onset and death <b>Undetermined</b>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death <b>FILED</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. <b>Natural</b>		DATE OF INJURY (Mo., Day, Yr.) 25b. _____	HOUR OF INJURY 25c. _____
INJURY AT WORK (Specify Yes or No) 25e. _____		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f. _____	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 25g. <b>AUDUBON LAKE COUNTY HO</b>

LILLIAN A. BLESER  
 RECORDER, LAKE COUNTY  
 CROWN POINT, INDIANA 46302  
 MAR 10 1988  
 FILED