Local No. 2043-84015770 CERTIFICATE OF DEATH

Miss Facuer al Copy	J.
Cis 2 Picker of Child	

TYPE/PRINT	1	_	DOLE	LAST			Date of Death (Mb Day Y)
IN PERMANENT	PAUL SOCIAL SECURITY NUMBER	5a AGE-Last Birthday	HO!	TIN 5c UNDER 1 DA			December 23, 1988 (City and State or Foreign Country)
BLACK INK	313-34-4727	(Years) 53	Months Days	Hours Minutes	9-26-1935	CARB	ON HILL, OHIO
	8 YEAR LAST SERVED IN US ARMED FORCES?	HOSPITAL X		low	EATH (Check only one See inst		
	N/A	Inpai	tient D ER/Outpatient D	J DOA 1-	Nursing Home U F		
DECEDENT	51. MARI MEDICAL CENTER HOBART LAKE						
							126 KIND OF BUSINESS/INDUSTRY
	Marr fed"	ROZANNE WO	1		PART DEPARTME	NT TOWN	SEND PONTIAC
		AKE	HOBART	CATION	13d STREET AND		TY PLACE
	13e INSIDE CITY 13f FARM LIMITS? (Yes or no)	13g ZIP CODE	14 WAS DECEDENT O	F HISPANIC ORIGIN? If yes, specify Cuban.	15 RACE—American Indian Black White etc	1	6 DECEDENT'S EDUCATION cify only highest grade completed)
	YES NO	46342	Mexican. Puerto Ric Specify				Callege (1-4 or 5 +)
PARENTS	17 FATHERS NAME (First, Middle, Las CHARLES		DECEASED)	18 MOT	HERS NAME (First Middle, Maid DARLENE	den Surname) M	SOWERS
INFORMANT	ROZANNE HORN)	196 MAILING 400 SC	OUTH LIBERT	nber or Rural Route Number, City Y PLACE, HOBA	RT, IN 4	6342 19c. Relationship SPOUSE
	20. METHOD OF DISPOSITION Burnel	D	20b DATE AND PLACE	of disposition (Name of ecember 27.	1988	20c. LOCATION	I—City or Town, State
DISPOSITION	□ Donation □ Other (Specify)	Removal from State	EVERGREE	EN CEMETERY		HOBART	
	21 SIGNATURE OF FUNERAL DIREC	TOR		CENSE NUMBER (Licensee)	REES FUNERA		
	Gladd	Kees	FI	E1041083			. HOBART. IN 4634
PRONOUNCING PHYSICIAN ONLY	Complete items 23a-c only when certifying physician is	23a. To the best of my know	ledge, death occurred at the	time, date, and place states	d. 23b LIC	ENSE NUMBER	23c. DATE SIGNED (Month, Dey, Year)
ITEMS 24-26 MUST	not available at time of death to certify cause of death	Signature and Title <					100
BE COMPLETED BY PERSON WHO	24 TIME OF DEATH	25. DATE PRONOUNCED DE	·			or no)	TO MEDICAL EXAMINER/CORONER?
PRONOUNCES DEATH	10:12A M	DECEMBER				NO	
		njuries, or complications that controls that controls that controls that controls one cause of		r the mode of dying, such a	ss cardiac or respiratory		Apillo simete Ligaria i i i i i i i i i i i i i i i i i i
	disease or condition	CAR	DIAC A	RREST		:	TAN AN AT
SEE INSTRUCTIONS	resulting in death)	QUE TO	OR AS A CONSEQUENCE	OF THE	6 UNG		E Silva
DE	Ctu 2 a 1988 a.	DUE TO	OR AS A CONSEQUENCE				
_	CAUSE (Disease or injury	C	OR AS A CONSEQUENCE	CE THIS	CERTIFIES THE ABOVE	IS A TRUE AN	
anna	results in death) LIST	d 00E 10 (OH AS A CONSEQUENCE		LETE COPY OF THE OH ON FILE WITH THE		
CAUSE OF AUDI	TRAAT L Other montisent conditions con	tributing to death but not result	ing in the underlying cause	given in Part 1 HFAL	TU NEDT 280 WA	S AN AUTOPSY &	286 WERE AUT SYCHOLINGS
DEATH	·			114116	1 414	188, ==	COMPLETION OF TAUS
					NO NO		
	29. CERTIFIER	EVING DHYSICIAN (Physicia	n comfune cause of death w	then another physician had	pronounced death and conde	d Item 2.0	5 3
SEE INSTRUCTIONS	one) To the	best of my knowledge, death	occurred due to the cause(s) and manner as stated.	and the Brown	COVERNIC	}
	□ paoN	OUNCING AND CERTIFYING	PHYSICIAN (Physician bo	n pronouncing deen and c	ertifying cause of death)	MISSIONER	***************************************
CERTIFIER	····	······		•••••	Mile Constitution		
		CAL EXAMINER COR			date, and place, and due to the ca	use(a) and manner a	a stated.
	296. SIGNATURE AND TITLE OF CERT	IFJER _	1		29c. LICENSE NUME		29d DATE SIGNED (Month, Day, Year)
	Min	Kred m	<i>A</i>		15860		12-27-88
		N WHO COMPLETED CAUSE O MICHIGAN A			A 46342		
HEALTH	JOHN REED MD, 10 MICHIGAN AVENUE, HOBART, INDIANA 46342 31. HEALTH OFFICER'S SIGNATURE						32. DATE FILED (Month. Day, Year)
OFFICER	33 MANNER OF DEATH	34a DATE OF INJUI	RY 34b TIME OF	34c. INJURY AT W	ORK? 34d. DESCRIBE	HOW INJURY OCC	URRED
CORONER OR	☐ Natural ☐ Pending	(Month. Day, Ye	er) INJURY	(Yes or no)			
MEDICAL EXAMINER USE	Accident Investigation						
ONLY	Suicide Could not be Determined	34e PLACE OF INJU- building, etc. (Sp	JRY—At home, farm, street, ecify)	factory, office	34F LOCATION (Street and	Number or Rural Rou	ite Number, City or Town, State)
		Rev. 10/87 DEATH	1901 Koull	7-40-1		· ———	ilan
	SBH06-004 State Form 10110	Rev. 10/87 DEATH	11 AL 144	17-40~1 Earle-W	lood-Dale Ad	d. C.1	BL. 2 1600
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