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PORTER COUNTY BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

92004283

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (MAE COLLINS), SOCIAL SECURITY NUMBER (310-16-5476), AGE (75), SEX (FEMALE), TIME OF DEATH (6:10 AM), DATE OF DEATH (NOVEMBER 3, 1991), BIRTH DATE (OCT. 20, 1916), BIRTHPLACE (TIPTON INDIANA), FACILITY NAME (WHISPERING PINES HEALTH CARE CENTER), CITY/TOWN (VALPARAISO), COUNTY (PORTER), MARRITAL STATUS (MARRIED), SURVIVING SPOUSE (CHARLES D. COLLINS), OCCUPATION (HOMEMAKER), RESIDENCE (INDIANA LAKE), CITIZENSHIP (USA), RACE (WHITE), EDUCATION (12), FATHER'S NAME (MILLARD FILLMORE WILLIAMS), MOTHER'S NAME (ERNA HOLLIDAY), INFORMANT (CHARLES D. COLLINS), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (Nov. 5, 1991 N.W. Ind. Cremation Serv. Crown Point), EMBALMER'S NAME (Terrence P. Burns), SIGNATURE OF FUNERAL DIRECTOR (Terrence P. Burns), LICENSE NUMBER (1013890), FUNERAL HOME (Burns Funeral Home), IMMEDIATE CAUSE (Carcinoma Kidney), CERTIFIER (Dr. Raymond L. Billena, Jr.), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

# 15-2115  
J.M. Rogers and Lt 5 Bl 2



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