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SBH06 004

State Form 10110 (R2/3-89)

## PORTER COUNTY BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

92004283

Contraction with time of the				·								
TYPE/PRINT	1 DECLASED NAME CERRE		1110		7 514		SO TIME OF DEATH		OF DEATH (Now		o 1	
IN PERMANENT	MAE  4 SOCIAL SECURITY NUMBER	COLI     Sa AGE = La		BABY L BEIGHT	1 PAY C	MALL:	6:10 <sup>11</sup> M		EMBER			
BLACK INK	310-16-547	(Years)	. '	Months Days	Hours Minutes				·		, ,	
BBNON ININ	8ª WAS DECEDENT	Bb YEAH LAST SEE	IVED IN	J			DEATH (Chack only one		ON INI	TVIAV	- 2	
	NO VETERANT	US ARMED FOR	HOS	PITAL   Inpalient			Nursing Home				-	
		<u> </u>	<del></del> L_	☐ ER/O₁/I	AOO Ineite		Residence		<u> </u>	<u></u>		
DECEDENT	9h FACILITY NAME (# not math	•		0 N D D O D	1		DEATION OF DEATH	1 '''	INTY OF DEATH	•		
	WHISPERING 10 MARITAL STATUS	II. SURVIVING SP		<del></del>	NTER		ARAISO		ORTER	.0.4,		
	(Specify) MARRIED	(If wife, give maio	ten neme)	LLINS "	done during most of	working We D	ion (une reared)	···	OF BUSINESS/IF	NDUSTRY	•	
	134 RESIDENCE—STATE	CHARLES		CITY, TOWN, OR LO	HOMEMA	NEK .	13d STREET AND NU	<del></del>			<del>* :</del>	
	INDIANA	LAKE	ľ		MONT PL.		MERRILLV	r		•,		
	136. ZIP CODE 131. INSIDE C			WAS DECEDENT OF		DR RAC	E-American Indian.		7. DECEDE	FOUCATION		
			T COUNTRY?		Cili yes, specify Gui	Blo	ck, Whee, etc.		icity only highest		· 	
	13g ON A FA	001	$\Lambda / \square$	UCUI	ment i		HITE	Elementary/S 12	scondery (0-12)	College (1-4 o	r 5 + )·	
	Q(No									<u> </u>		
ARENTS	18 FATHERS NAME (FIRE AGO		ATT. TAM	LUF	FICE		FIRE Mode, Meiden S	urnerte)				
	20s. INFORMANTS NAME (Type			- land average a	200000000000000000000000000000000000000			O D	Carlo Inc. 1			
NFORMANT	CHARLES D.		is voc		PORES 150-40-4N VERMONT					HUSB	AND	
	21a. METHOD OF DISPOSITION		the La	ke Cou	MATE DOO	246	crometory, or 4 6 4					
	Buriel Cremetton	☐ Removel from S	_ 1'''	other place) NOV	.5,1991						IN Poi	
$\sim$	Donation Deher (Spe				Calume						IN	
O NOITIZOGEK	224 EMBALMERS NAME:	, 10 mg o		226. EMBALMERS LI			WAS DEATH REPORT			VIIIE	<del></del> ,	
ASPOSITION	Terrence P.	Burns		101389			₩ No Yes					
V	244 SIGNATURE OF FUNERAL				INSE NUMBER	25 NAM	E, ADDRESS, AND LICE	NSE NUMBER	OF FUNERAL HO	ME .		
			A	/ (01	Licenses)	Burn	s Funera	1 Hom	e, 101	01 Br	oadw	
$\lambda$	Persexas	J. 57 1	Ques no	10	13890	Crow	n Point,	IN 46	307 F	DH8300	2445	
	26 PART I. Enter the dies	see, injuries, or complic	cations that caused to	he death. Do not enter	nonepecific terms, such	ss cardiac or	respiratory			Approximate		
13		or heart failure. List only			1,		15	A Street		Interval Bety	ween	
5	MAMEDIATE CAUSE (Final		arus	2020	With the a	ruy		A Gra	47	Onest and D	/ <del>****</del>	
AUSE OF 3	disease or condition resulting in death)		DUE TO (OR AS	A CONSEQUENCE	oh O	1			33.,2			
AUSE OF S		b —	DUE TO JOB AS	A CONSEQUENCE			JAW	90.	<del></del>	<del></del>		
8 5	Conditions: If any, which gave rise to the immediate cause.	c		~	를			2 2 199	]2			
10 6	stating the underlying cause lest		DUE TO IOR AS	A CONSEQUENCE	OF)	(e	0.44/1					
NO OF		8		E . 31	Almor SS		was W	2				
7 10	PART II. Other significant condition	ne - Conditione contribu	uting to death but not			DECEDENT	280 WASAM	LUI 285		TOPSY FINDING	s	
# mbz						PARTUM	DAYS PERFORMED? DAYS		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
					(Yes o		7	J2)		17 (Yes or no)		
						740		VU	I <u>.</u>			
	29s CERTIFIER  [Check only only only only only only only only											
$\mathcal{Z}$			sale of examination a	ind/or investigation, in	my opinion death occurr						·····	
CERTIFIER	296 SIGNATURE AND TITLE OF	0.11	Lun	N			20c MEDICAL LICENSE NO.		29d DATE SIGNED (Month Day, Year)			
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Prni)											
	Dr. Raymung				90 Broad	wav.	Merrilly	ille.	IN 4	46410		
2	· · · · · · · · · · · · · · · · · · ·	<del> </del>	4	01.0, 54	JO BLOGG	way,	11027 222		J2 DATE FILED			
OFFICER TO	31 HEALTH OFFICERS SIGNA		رمص بهادن با	MD			*71	).	NOVEIT	15,000 /	- 190	
		10/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	TE OF HUMBY	345 TIME OF	34c INJURY AT	MUBY?	34d DESCRIBE HOV	V INJURY OCC		10/1 Y	<del>''                                   </del>	
	33 MANNER OF DEATH	1	ATE OF INJURY Jonth. Day, Year)	YRULNI	(Yes or no)	** CINC!	Jag Describe No.					
	☐ Natural ☐ Pending										1	
	Accident Investigati	<del></del>	ACE OF IN HIDS	Albert 10:		1 24 100	ATION (Street and Num	ar or Burd Bo	ta Number Cav n	( Town State)		
ORONER	Suncide Could not	be but	iding etc (Specify)	At home farm street I	ractory, ornice	347 600	THE ROLL FOR SECTION			····· <b>J-···</b>	- 1	
JSE ONLY	Homicide Determine	10							01102			
	34g DATE PRONOUNCED DEA	D (Month Day Year)	34h MOTOR VE	HICLE ACCIDENT? (	Yes or no) H yes spec	dy driver, pas	sanger pedestrian etc					
					•					1.0	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	I		1							<u>U</u> ~	I	

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