

93018417

INDIANA STATE DEPARTMENT OF HEALTH

Local No. C 357-93

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First Middle Last) John E. Sands		2. SEX Male	3a. TIME OF DEATH 5:07 A.M.	3b. DATE OF DEATH (Month Day Year) February 18, 1993
4. SOCIAL SECURITY NUMBER 310-22-2909	5a. AGE—Last Birthday (Years) 65	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month Day Year) May 21, 1927
7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana	8a. WAS DECEASET A U.S. VETERAN? YES			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1945	8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution give street and number) The Community Hospital		9b. CITY, TOWN OR LOCATION OF DEATH Munster		9c. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife give maiden name) Norma Scurlock	12a. DECEASET'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Counselor		12b. KIND OF BUSINESS/INDUSTRY Viet Nam Veterans
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Griffith	13d. STREET AND NUMBER 224 E. Ave D	
14. ZIP CODE 46319	15. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	16. CITIZEN OF WHAT COUNTRY? U.S.A.	17. WAS DECEASET OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes specify Cuban, Mexican, Puerto Rican, etc.)	18. RACE—American Indian, Black, White, etc. (Specify) White
19. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		20. FATHER'S NAME (First Middle Last) George Sands		
21. MOTHER'S NAME (First Middle Maiden Surname) Florence Fox		22. INFORMANT'S NAME (Type/Print) Norma Sands		
23. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 224 E. Ave D, Griffith, Indiana		24. Relationship Wife		
25. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Donation		26. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 20, 1993 Chapel Lawn Cemetery		27. LOCATION—City or Town, State Schererville, Indiana
28. EMBALMER'S NAME David Peterson		29. EMBALMER'S LICENSE NO. FDO 8601585		30. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
31. SIGNATURE OF FUNERAL DIRECTOR <i>Abraham...</i>		32. LICENSE NUMBER (of Licensee) FDO 1014511		33. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd Highland, Indiana FDH 300-7500
28. PART I Enter the disease, infection, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Vascular collapse DUE TO OR AS A CONSEQUENCE OF Pending further study DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) HEALTH DEPT. MAR 19 1993				
28. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
29. CERTIFIER (Check only one) Chief Investigator <input checked="" type="checkbox"/> CORONER		30. MEDICAL LICENSE NO. N/A		
31. SIGNATURE AND TITLE OF CERTIFIER <i>William Huber</i>		32. DATE SIGNED (Month Day Year) February 19, 1993		
33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) William Huber, Chief Investigator, 2293 North Main Street, Crown Point, Indiana 46307				
34. HEALTH OFFICER'S SIGNATURE <i>William Huber</i>		35. DATE FILED (Month Day Year) February 19, 1993		
36. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		37. DATE OF INJURY (Month Day Year)	38. TIME OF INJURY	39. INJURY AT WORK? (Yes or no)
37. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		38. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
39. DATE PRONOUNCED DEAD (Month Day Year) February 18, 1993		40. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		

# 26-2-18447  
 PARENTS:  
 INFORMANT:  
 DISPOSITION:  
 CAUSE OF DEATH:  
 CORONER USE ONLY

266 W. 102' N A 1/2 N 1/2 S 1/2 T 35. R 9



RECORDED  
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