

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

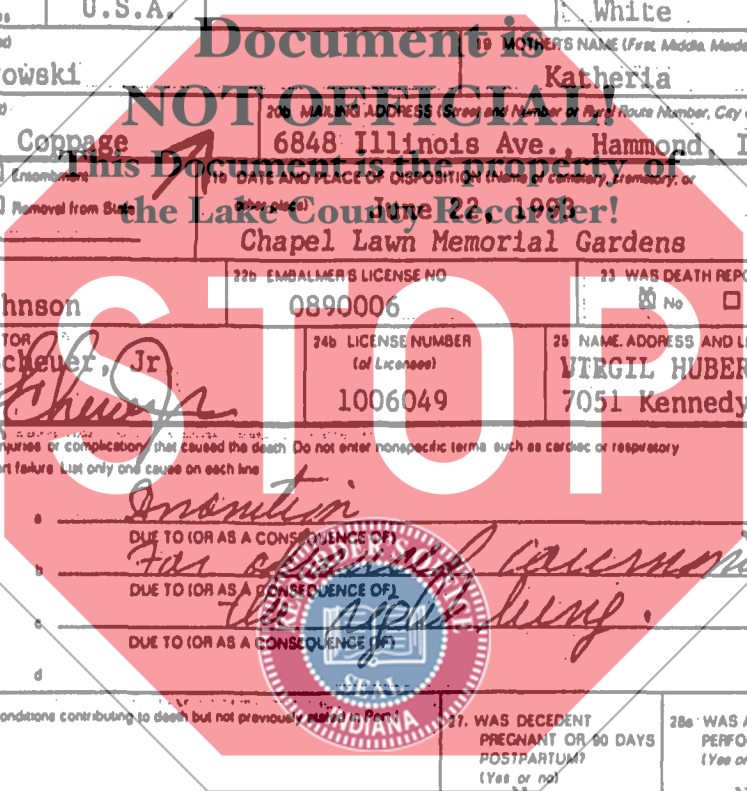
Local No. 539 93043351 CERTIFICATE OF DEATH

JUN 25 1993 Date Issued Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK
DECEDENT
PARENTS
INFORMANT
DISPOSITION
CAUSE OF DEATH
CERTIFIER
HEALTH OFFICER
CORONER USE ONLY

Form with fields for: 1 DECEASED-NAME (Irene Marie Coppage), 2 SEX (Female), 3a TIME OF DEATH (12:50P), 3b DATE OF DEATH (June 19, 1993), 4 SOCIAL SECURITY NUMBER (311-18-3412), 5a AGE (71), 5b UNDER 1 YEAR (Months/Days), 5c UNDER 1 DAY (Hours/Minutes), 6 DATE OF BIRTH (March 16, 1922), 7 BIRTHPLACE (Hammond, Indiana), 8a WAS DECEDENT A US VETERAN? (No), 8b YEAR LAST SERVED IN US ARMED FORCES? (N/A), 8c PLACE OF DEATH (Residence), 9a FACILITY NAME (6848 Illinois Avenue), 9c CITY/TOWN OR LOCATION OF DEATH (Hammond), 9d COUNTY OF DEATH (Lake), 10 MARITAL STATUS (Married), 11 SURVIVING SPOUSE (Orville H. Coppage), 12a DECEDENT'S USUAL OCCUPATION (Bottler), 12b KIND OF BUSINESS/INDUSTRY (Pepsi-Cola Bottlers), 13a RESIDENCE-STATE (Indiana), 13b COUNTY (Lake), 13c CITY/TOWN OR LOCATION (Hammond), 13d STREET AND NUMBER (6848 Illinois Avenue), 13e ZIP CODE (46323), 13f INSIDE CITY LIMITS (Yes), 13g ON A FARM? (No), 14 CITIZEN OF WHAT COUNTRY? (U.S.A.), 15 WAS DECEDENT OF HISPANIC ORIGIN? (No), 16 RACE (White), 17 DECEDENT'S EDUCATION (High School), 18 FATHER'S NAME (John Ziobrowski), 19 MOTHER'S NAME (Katheria), 20a INFORMANT'S NAME (Mr. Orville H. Coppage), 20b MAILING ADDRESS (6848 Illinois Ave. Hammond, IN 46323), 20c Relationship (Husband), 21a METHOD OF DISPOSITION (Burial), 21b DATE AND PLACE OF DISPOSITION (Chapel Lawn Memorial Gardens, Schererville, Indiana), 21c LOCATION-City or Town, State, 22a EMBALMER'S NAME (George J. Johnson), 22b EMBALMER'S LICENSE NO (089006), 22c WAS DEATH REPORTED TO CORONER? (No), 23a SIGNATURE OF FUNERAL DIRECTOR (Charles D. Schauer, Jr), 23b LICENSE NUMBER (1006049), 23c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (VIRGIL HUBER Funeral Home-3002869, 7051 Kennedy, Hammond, IN: 46323), 24 PART I (Immediate Cause of Death: Mountain, Far advanced carcinoma of the sigmoid), 24b APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (4 years), 25 PART II (Other significant conditions), 26a CERTIFIER (Certifying Physician), 26b SIGNATURE AND TITLE OF CERTIFIER (Arthur M. Branco, M.D.), 26c MEDICAL LICENSE NO (20253), 26d DATE SIGNED (JUNE 25, 1993), 27 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (DR. ARTHUR M. BRANCO, M. D., 7905 CALUMET AVENUE, MUNSTER, INDIANA 46321), 28 HEALTH OFFICER'S SIGNATURE, 29 DATE FILED (JUL 2 1993), 30 MANNER OF DEATH (Natural), 31 DATE OF INJURY, 32 TIME OF INJURY, 33 DAY A WORK (or no), 34 PLACE OF INJURY, 35 DATE PRONOUNCED DEAD, 36 MOTOR VEHICLE ACCIDENT? (No), 37 SIGNATURE OF AUDITOR (Auditor Lane County), 38 NUMBER (00026).



Unit # 26
Manufacturers Add lots 23+24, B1.22 Key#35-31-21