

ATTENTION STATE: Disclosure of the... we need to pursue our responsibilities... is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

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

Local No. 274 94024974 CERTIFICATE OF DEATH

State of Indiana Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-9

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Timothy Pollard), SOCIAL SECURITY NUMBER (305-84-7941), DATE OF BIRTH (Nov. 15, 1963), PLACE OF BIRTH (GARY, INDIANA), FACILITY NAME (3100 Michigan Avenue), CITY/TOWN/LOCATION OF DEATH (Hammond), COUNTY OF DEATH (Lake), MARRIAGE STATUS (SINGLE), SURVIVING SPOUSE (NONE), DECEASED'S USUAL OCCUPATION (LAW LIBRARIAN), KIND OF BUSINESS/INDUSTRY (LEGAL FIRM), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN OR LOCATION (East Chicago), STREET AND NUMBER (4332 Drummond Street), ZIP CODE (46312), CITIZEN OF WHAT COUNTRY (U.S.A.), RACE (BLACK), DECEASED'S EDUCATION (N/A), FATHER'S NAME (ALBERT POLLIARD), MOTHER'S NAME (MARY HANNAH), INFORMANT'S NAME (MARY POLLARD), MAILING ADDRESS (4232 Drummond St. East Chicago, In. 46312), RELATIONSHIP (Mother), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (APRIL 2, 1994, FERN OAKS CEMETERY), LOCATION (GRIFFITH, INDIANA), EMBALMER'S NAME (HENRY BLAKE), EMBALMER'S LICENSE NO (FDO 1019406), WAS DEATH REPORTED TO CORONER (Yes), SIGNATURE OF FUNERAL DIRECTOR (Raymond Puzisicki), LICENSE NUMBER (FDO1039517), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Prusdecki Funeral Home, 388E Main St. East Chicago, IN. 46312), PART I: IMMEDIATE CAUSE (Multiple blunt force injuries), DUE TO (OR AS A CONSEQUENCE OF) (DAILY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER), APR 4 1994, PART II: OTHER SIGNIFICANT CONDITIONS (None), WAS DECEASED PREGNANT OR POSTPARTUM (No), WAS DEATH REPORTED TO CORONER (Yes), CERTIFIER (Dr. Thomas R. Philpot), MEDICAL LICENSE NO (538 B), DATE SIGNED (March 30, 1994), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main St., Crown Point, Indiana 46307), HEALTH OFFICER'S SIGNATURE (Franklin S. Remuda, M.D.), DATE FILED (MAR 31 1994), MANNER OF DEATH (Accident), DATE OF INJURY (Mar 29, 1994), TIME OF INJURY (Unknown), INJURY AT WORK? (No), DESCRIBE HOW INJURY OCCURRED (Automobile/Truck Accident), PLACE OF INJURY (3100 Michigan Avenue Street), LOCATION (3100 Michigan Avenue Hammond, Indiana), DATE PRONOUNCED DEAD (March 29, 1994), MOTOR VEHICLE ACCIDENT? (Yes), DRIVER (Driver).

DECEDENT

PARENTS

INFORMANT

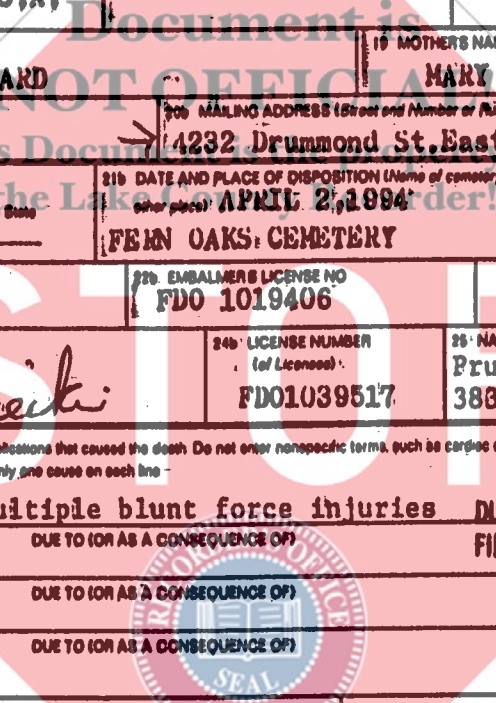
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Handwritten notes: Hank Add Ind. Duron N.S FT, of L18 BL15, S.R 30 FT L19, BL15



Vertical stamp: STATE OF INDIANA, ORDER, APR 4 1994, S.M.D.

Handwritten number: 00124