

\*ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.\*

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0887-94 94029685 CERTIFICATE OF DEATH State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with sections: 1 DECEASED—NAME, 2 SEX, 3a TIME OF DEATH, 3b DATE OF DEATH, 4 SOCIAL SECURITY NUMBER, 5a AGE, 5b UNDER 1 YEAR, 5c UNDER 1 DAY, 6 DATE OF BIRTH, 7 BIRTHPLACE, 8a WAS DECEDENT A US VETERAN?, 8b YEAR LAST SERVED IN US ARMED FORCES?, 9a PLACE OF DEATH, 9b FACILITY NAME, 9c CITY TOWN OR LOCATION OF DEATH, 9d COUNTY OF DEATH, 10 MARITAL STATUS, 11 SURVIVING SPOUSE, 12a DECEASED'S USUAL OCCUPATION, 12b KIND OF BUSINESS/INDUSTRY, 13a RESIDENCE—STATE, 13b COUNTY, 13c CITY TOWN OR LOCATION, 13d STREET AND NUMBER, 13e ZIP CODE, 13f INSIDE CITY LIMITS, 14 CITIZEN OF WHAT COUNTRY?, 15 WAS DECEDENT OF HISPANIC ORIGIN?, 16 RACE, 17 DECEASED'S EDUCATION, 18 FATHER'S NAME, 19 MOTHER'S NAME, 20a INFORMANT'S NAME, 20b MAILING ADDRESS, 20c Relationship, 21a METHOD OF DISPOSITION, 21b DATE AND PLACE OF DISPOSITION, 21c LOCATION, 22a EMBALMER'S NAME, 22b EMBALMER'S LICENSE NO, 23 WAS DEATH REPORTED TO CORONER?, 24a SIGNATURE OF FUNERAL DIRECTOR, 24b LICENSE NUMBER, 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME, 26 PART I: Enter the disease, injuries or complications that caused the death, 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM?, 28a WAS AN AUTOPSY PERFORMED?, 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?, 29a CERTIFIER, 29b SIGNATURE AND TITLE OF CERTIFIER, 29c MEDICAL LICENSE NO, 29d DATE SIGNED, 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, 31 HEALTH OFFICER'S SIGNATURE, 31 DATE FILED, 33 MANNER OF DEATH, 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK?, 34d DESCRIBE HOW INJURY OCCURRED, 34e PLACE OF INJURY, 34f LOCATION, 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT?

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

FILED

NOTICE: This Document is the Lake County Record

# 15-427-21

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