

ATTENTION ESTATE: Disclosure of the SSN is necessary to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 945-94

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Kun-Sun Loh), SEX (Female), TIME OF DEATH (1:10P), DATE OF DEATH (October 5, 1994), SOCIAL SECURITY NUMBER (237-23-6715), AGE (43), DATE OF BIRTH (April 16, 1951), BIRTHPLACE (Seoul, Korea), FACILITY NAME (1431 Wilderness Dr.), MARRITAL STATUS (Married), SURVIVING SPOUSE (Dr. Won S. Loh), DECEASED'S USUAL OCCUPATION (Homemaker), RESIDENCE (IN, Lake, Schererville, 1431 Wilderness Dr.), FATHER'S NAME (Bong-Suh Park), MOTHER'S NAME (Boag-Suk), INFORMANT'S NAME (Dr. Won Loh), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (October 7, 1994, Sylene Memorial Park, Monee, IL), EMBALMER'S NAME (Kevin W. Kish), LICENSE NUMBER (1021590), SIGNATURE OF FUNERAL DIRECTOR, PART I (IMMEDIATE CAUSE: Metastatic Breast Cancer), PART II (Other significant conditions), CERTIFIER (ALEXANDER S. WILLIAMS, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

19/10/95-4

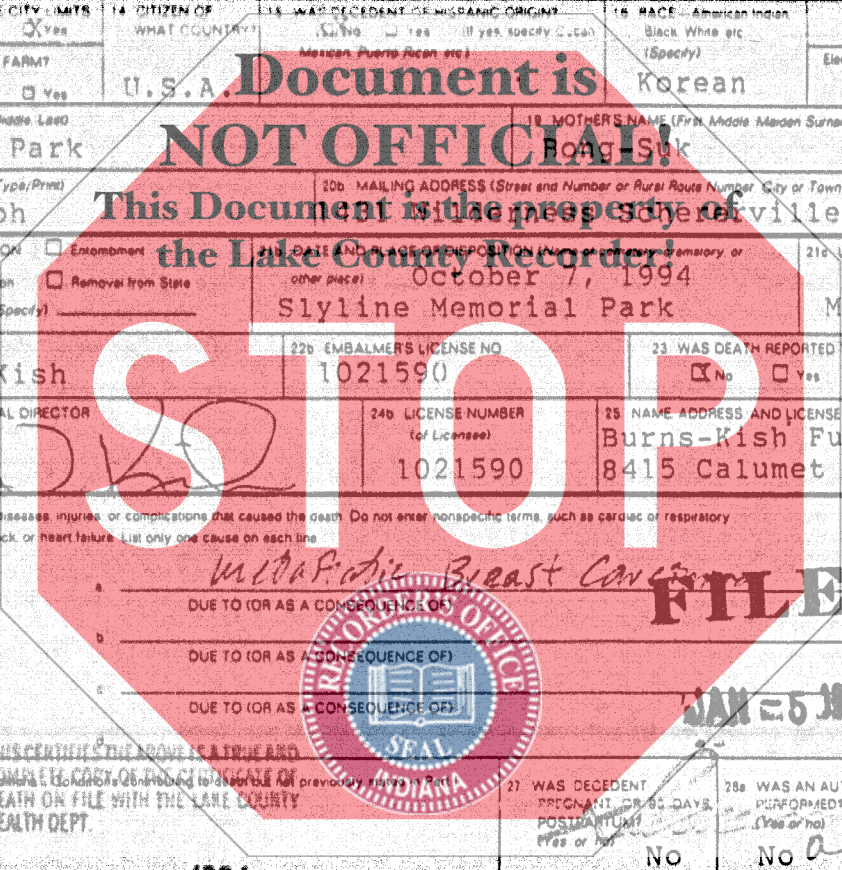
PARENTS INFORMANT

DISPOSITION

TICOR TITLE INSURANCE Crown Point, Indiana

CERTIFIER

HEALTH OFFICER



96001728, STATE OF INDIANA LAKE COUNTY, FILED, JAN 5 1995, MASA G. COLBY, DEPT. OF HEALTH, 95 JAN 10 AM 10:11