0	THE RECO		RESA	RE CONFIDENTIAL PE	CERTIFICAT	E OF D	EAT	TH		State N	lo	••••••	••••••••••••••••••••••••••••••••••••••	• • •
RINT		NAME (FIRE M	idde Leel)		SKILSON					TIME OF DEATH				
VENT	4. *BOCIAL BEC	URITY NUMBER	Se AGE-Less Britiday		SO UNDER I YEAR SC UNDER I		1 DAY	DAY & DATE OF				JULY 16. 1995 1. BIRTHPLACE (City and State or Foreign Country)		
INK	305-52-6446 MAS DECEDENT A US VETERANT NO		82 SEA LAST SERVED IN U.S. ARMED FORCEST N/A		Months Days Hours M		Minutes		JUNE 17,1913 PLACE OF DEATH (Check only one OTHER Nursing Home					
					HOSPITAL X Inpet									
T	90. FACILITY NAME (If not institut		don give street and number)		ER/Outpatient D 0			Y. TOWN: OR LOCATION OF DEATH		I Residence	94 COUNTY OF DEATH			- 27
'	THE COMMUNITY		HOSPITAL		I A DECEDENT			MUNSTER JSUAL OCCUPATION (Give fund of wor			LAKE			
	(Specify) WIDOW		(If wife, give maiden name) NONI		Ē	done durin	done during moet of TEAC		f working life. Do not use reared)		ELEMENTARY SCHOOLS			
•	134 RESIDENCE—STATE INDIANA		136 COUNTY		13c. CITY, TOWN OR	LOCATION			13d. STREET AND NUI					
ŀ	13e ZIP CODE	13 INSIDE CIT		14 CITIZEN OF	15 WAS DECEDENT	OF HISPANIC O	PIGIN?	7		merican Indian.		HORE DE		
į	46403	13a ON A FAR	Xes WHAT COUNT					Sleck, V				ecify only higher Secondary (0-12)	y highest grade co gnitiv ed	
]	46403	8% c	Yes	U.S.A.	PAR		T.		WHITE			12	463	
		AME (Free Middle ARINUS C		STENSEN	I OF	ric	10 MG		_ •	e Missola, Mandon Si ORENSEN	urna ma)		7	
ıt İ		TS NAME (Typh)	/		umcontais	ADDRESS (SP	N.C.	ne	Alm Rout	Municor, City or T	gunt State. Zu	P Code) 20c	Relationship	7.
-	DAVID	_	ILS	on the La	ke Cotte					RY IN 48		N—City or Town	ON	
	Description of the control of the co	Cremetion	☐ Re	movel from State	other place)	ULY 18	, 19	95		aury, or		KEE ILI	11.1	
ON	22a EMBALMER		71 ,		KANKAKEE		IAL	GAR	_	S DEATH REPORT	ED TO CORO	NERT :	- 0	
	GRODON	L JONE	-		10107	11			×	7 to Yes	+		95 X	į
	24 SIGNATURE	here	RECTOR	1913		CENSE NUMBE of Licensee) 3890		В	urns .	Funeral Point, IN	Home,	101010	roadway	· ·
	MANEDIATE CAL	TE CONFY OF TH	st CERT	ting dist goly one cause o	used the desth. Do not ent n sech line Off AS ASONS TOWNS	or nonepecific to	TW	M O	V PN	ntory			11 H	No ~
	Conditions if any	which place	1111	A DUE TO	ON VS COURSOTHER	E OF)			AN	1 16	104 - 4	<u></u>	41 MOV	<u> </u>
	ise to the immedia stating the underly cause lest	Not 30	1 14	OUE TO (ORABA CONSEQUENC	ans1	NO	Jal	Cel	M D	1 S	HKida Valuic	ey I'M	1 <i>0</i> /
	110.	4 W/20	200	rans	TIONAL CE	ti Cas	INO	Ma	0+1	ett Mu	nay P	PIVIS	<u> </u>	-er
-	LAKE	COUNTY HEALT	MERCO N	ISSIGNER	out not previously extend w	27	PREGN	DECEDE NANT O PARFUN	M 90 DAY	28a. WAS AN / PERFORME (Yes or no)	D7	AVAILA	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE	
								res or noi NO		NO		OF DEATH? (Yee or no)		-
2	Se CERTIFIER	X 1 g	ERTIFYIN	IG PHYSICIAN To the t	eet of my knowledge, deer	h occurred at the	time, dat	e, and p		to the cause(s) as			-7/ 43	
	(Check only ane)			OFFICER On the basis of										
1		AND TITLE OF C	φ			n my opinion, death occurred		- 90 at th	28c. MEDICAL UCENSE 34701		······································			
		CULAL A DORESS OF PER	SON W	O COMPLETED CAUSE	OF DEATH (ITEM 28) (Type/Print)] 34/UI			3011	1, 133	, <u>,</u>
L		A L. FU		R, M.D. 7	61 45TH A	VENUE	MUN	STE	R, IN	DIANA 46	321			
3	1. HEALTH OFFI	CER'S SIGNATUR	E	FIL	EU					·		32 DATE FILE	0 (Moner Day, Vi LJ 20, L	9
3	3. MANNER OF (_		34a. DATE OF INJUR (Month. Day, Yea	n) NJURY	34c INJ	URY AT \	WORK?	346	DESCRIBE HOW	INJURY OCC	CUMPED (7	
	☐ Netural ☐ Accident	Pending investigation		NOV 1	7 1995		A ³ .	T .						
	Suicide Homicide	Could not be Determined	346. PLACE OF INJURY—At home, farm, street, factory, office building, sec. (Specific H) BAN OFILICH						er or Rural Ro	ute Number. City	or Town. State)	O,		
					001 1417	rv		1 .					1 1	