

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

Local No. 167

Feb 27 1996 Date Issued Hammond Health Commission

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

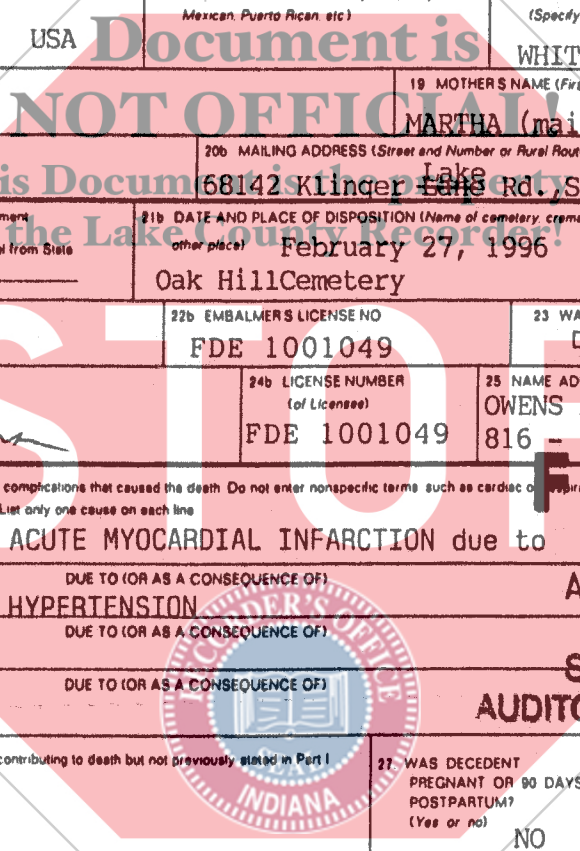
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for DECEASED NAME (ELLA G. SPILLAR), SEX (FEMALE), TIME OF DEATH (3:44 P.), DATE OF DEATH (February 23, 1996), SOCIAL SECURITY NUMBER (310-56-1912), AGE (90), DATE OF BIRTH (May 24, 1905), BIRTHPLACE (Pueblo, Colorado), FACILITY NAME (1647 Warwick Avenue), CITY/TOWN (HAMMOND), COUNTY (LAKE), MARITAL STATUS (Widowed), SURVIVING SPOUSE (N/A), DECEASED'S USUAL OCCUPATION (Homemaker), KIND OF BUSINESS/INDUSTRY (Own Home), RESIDENCE (INDIANA, LAKE, HAMMOND), ZIP CODE (46394), FATHER'S NAME (SAMUEL E. BECICH), MOTHER'S NAME (MARTHA), INFORMANT'S NAME (ROBERT J. SPILLAR), MAILING ADDRESS (68142 Klinger Rd., Sturgis, MI 49091), RELATIONSHIP (SON), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (February 27, 1996, Oak Hill Cemetery), LOCATION (HAMMOND, INDIANA), EMBALMER'S NAME (THOS. OWENS), LICENSE NO (FDE 1001049), SIGNATURE OF FUNERAL DIRECTOR (Thos Owens), LICENSE NUMBER (FDE 1001049), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (OWENS FUNERAL HOME FDH 3007291, 816 - 119th St., Whiting, IN 46394), IMMEDIATE CAUSE (ACUTE MYOCARDIAL INFARCTION due to HYPERTENSION), DATE (APR 17 1996), SAM ORLICH AUDITOR LAKE COUNTY, PART II (Other significant conditions), CERTIFIER (Franklin J. Dremuda, M.D.), MEDICAL LICENSE NO (02000216), DATE SIGNED (Feb 26-96), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (WILLIAM V GARVIN DO 1010 - 119th Street, Whiting, IN 46394), HEALTH OFFICER'S SIGNATURE (Franklin J. Dremuda, M.D.), DATE FILED (FEB 27 1996), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

Lot 19 Block 10, Park View Addition to Hammond, as shown in Plat Book 19, page 19, in Lake Co., IN.



Chicago Title Insurance Company