e majerno nastrono de servições	A protect a transfer to a law Marty	Land John Land William	Other Transport	107.552		S CERTIFIES THE FOLL	OWING IS A TRUE AT
*ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is INDIANA STATE DEPARTMENT OF HEALTH							
voluntary and there will be no penalty for refusal. CERTIFICATE OF DEATH St. Transport Health Continues to Transport Health							
Local No	THE RECORDS IN THIS SECURE ADE CONCINENTIAL DED IO 18.1 to 9						
TYPE/PRINT	1 DECEASED-NAME (First Middle, Lost) 2 SEX 30 TIME OF DEATH 36 DATE OF DEATH 36 DATE OF DEATH 36 DATE OF DEATH 36 DATE OF DEATH 37 DATE OF DEATH 37 DATE OF DEATH 38 DAT						
IN	ELLA	G. SPILLAR	T		IALE 3:44 F		
PERMANENT BLACK INK	4. *social security number 310-56-1912	5a AGE—Last Birthday (Years) 90	56 UNDER I YEAR Months Days	14 14	y 24, 1905	Pueblo, Co	State or Foreign Country!
	88 WAS DECEDENT A US VETERAN?	86 YEAR LAST SERVED IN		9a Pt	LACE OF DEATH (Check only on	ne See instructions)	<u> </u>
Z	NO N/A		HOSPITAL Inpetient DOA		OTHER Nursing Home	Other (Specify)	9
DECEDENT.		TY NAME (# not institution, give street and number)			NN. OR LOCATION OF DEATH	SHI COUNTY OF DEA	ATH 5
. ප පී	1647 Warwick Avenue HAMMOND(P.O.Whiting) LAKE						S/INDUSTRY
Lake	(Specify) Widowed	(If wife, give maiden name)				Own Home	δ
	130 RESIDENCE-STATE	136 COUNTY	13c CITY, TOWN, OR I	OCATION	13d STREET AND NO		E
Ë	INDIANA 130 ZIP CODE 131. INSIDE C	CITY LIMITS 14 CITIZEN OF	^	.O.Whiting) OF HISPANIC ORIGIN?	16. RACE—American Indian.	Wick Avenue	IT S EDUCATION
19,	46394 130 ON A F	X Yes WHAT COUNTRY	Mexican, Puerto R		Black, White, etc. (Specify)	(Specify only high Elementary/Secondary (0-1	est grade completed) 2) College (1-4 or 5 +)
<u>a</u>	10 No	I USA	ocun	ient is	WHITE	8	J. Compa () - Car G - 7
PARENTS CL	18 FATHERS NAME (First Mide	NIO	r o F		RS NAME (First Middle, Meiden		
INFORMARP	SAMUEL E	BECICH De/Pyritt)	206 MAILING		A (maiden sur) or or Aural Route Number. City or) Oc Relationship
	ROBERT J. SPI	LLARhis Doc	um 68142	Kilnger Lake	Rd. Sturgis,		SON_
Book	214 METHOD OF DISPOSITION **EXTENDED TO COMMISSION	Removel from Stelle	70 0114	ebruary 27,	temetery, cremetory, or 1996	216 LOCATION-City or To-	wn Stati
ا ب	Doneston Concert (Specify) Oak HillCemetery HAMMOND, INDIA						DI AN
DISPOSITION	224 EMBALMERS NAME		225 EMBALMERS		23 WAS DEATH REPOR		<u>හ</u>
.	THOS. OWENS FDE 1001049 246 SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOMB						
1	(of Licensee) OWENS FUNERAL HOME FDH 3007291						
shown	(les (leem FDE 1001049 816 - 119th St., Whiting, IN 46394						
j	Approximents of the diseases injuries, or complications that caused the death Do not enter nonspecific terms such as cardiac of publications are such as cardiac of publications are such as cardiac of publications. Approximately are such as cardiac of publications are such as cardiac of publications. The cardiac of publications are such as cardiac of publications.						
Ö	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) ACUTE MYOCARDIAL INFARCTION due to Seconds Due to (or as a consequence of) HYPERTENSION APR 17 1996 Vears						
	Conditions if any which gave DUE TO (OR AS A CONSEQUENCE OF)						
2	stating the underlying cause lest	DUE TO (C	R AS A CONSEQUENCE	OF	SAM OR		8 8 8
\$	and the second s				NUDITOR LAKE	E COUNTY S	20 777
6	PART II. Other significant condition	ns - Conditions contributing to death bi	ut not previously stated in	PREGNANT	OR 90 DAYS PERFORM	AUTOPSY 286 CTYFRE	AUTOPSY FINDINGS
iti			WO WO	POSTPARTU (Yes or no)			ATHY (Propriet)
Addition							
I '	Page CERTIFIER (Check only one) DESCRIPTION OF The basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated DESCRIPTION OF The basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated DESCRIPTION OF The basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated						
View		CORONER On the basis of examinal	tion end/or investigation, in	my opinion, death occurred at	the time, date and place, and due	to the cause(s) and manner at	
CERTIFIER 2	296 SIGNATURE AND TITLEDE	CERTIFIER	> A.		200 MEDICAL LICENSE I	1	IGNED (Month. Day, Year)
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) WILLIAM V GARVIN DO 1010 - 119th Street, Whiting, IN 46394							20-30
HEALTH	11. HEALTH OFFICER'S SIGNATU	#Granklur 3	. Drem	ida midr		32 DATE FIL	B 27 1996"
	3 MANNER OF DEATH	348 DATE OF INJURY	1 '	34c INJURY AT WORK	34d DESCRIBE HOW		\sim
· ·	☐ Netural ☐ Pending	(Month, Day, Year)	INJURY	(Yes or no)			08
19	Accident Investigation		Y—At home farm, street.	factory, office 34	of LOCATION (Street and Numb	er or Rural Route Number, Cit	y or Town State
Lot	Suicide Could not b	building atc (Spec		•.			
	Homicide 4g DATE PRONOUNCED DEAD	(Month Clay Year) 34h MOTOR	VEHICLE ACCIDENT? (Yes or no! If yes specify driv	ver passenger padestrian etc	00449	- 9 1
3,	THE PROHOUNCED DEAD	SHE MOTOR	- Armon regiment?	vur yww epenny date	garage group group of the Sta	001.12	V
L	DH06-004 State Form	10110 (R4/3-93) Death	cer/PD 1			•	