

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 219

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Mack Peterson Sr), SEX (Male), TIME OF DEATH (6:05A.M.), DATE OF DEATH (August 10, 1996), SOCIAL SECURITY NUMBER (258-26-6268), AGE (73), BIRTH DATE (Sept. 24, 1922), BIRTHPLACE (Hurtsboro, Alabama), FACILITY NAME (4736 Kennedy Avenue), CITY/TOWN (East Chicago), COUNTY (Lake), MARRITAL STATUS (Married), SURVIVING SPOUSE (Mary Ruth Griffin), OCCUPATION (Inspector (retired)), RESIDENCE (Indiana, Lake), ZIP CODE (46312), FATHER'S NAME (Gennie Peterson), MOTHER'S NAME (Fannie Mae Jones), INFORMANT'S NAME (LaVern P. Rea), MAILING ADDRESS (4729 Kennedy Ave, East Chicago, IN 46312), RELATIONSHIP (Daughter), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (August 16, 1996, Fern Oaks Cemetery), EMBALMER'S NAME (Tracy Cheri Williams), LICENSE NUMBER (FD08600238), SIGNATURE OF FUNERAL DIRECTOR (Tracy Cheri Williams), LICENSE NUMBER (FD08600238), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Hinton & Williams Funeral Home, 4859 Alexander Avenue, East Chicago, IN 46312), IMMEDIATE CAUSE (Myocardial Infarction), UNDERLYING CAUSE (Chronic Atherosclerosis), PART II (Hypertension, Atherosclerosis), CERTIFIER (Certifying Physician), SIGNATURE AND TITLE OF CERTIFIER (Dr. Timothy Rankovich), MEDICAL LICENSE NO (01015522), DATE SIGNED (8/12/96), HEALTH OFFICER'S SIGNATURE (Dr. Timothy Rankovich), DATE FILED (8-15-96), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT? (No).

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STATE OF INDIANA FILED 96 SEP 18 1996

FILED SEP 18 1996 SAM ORLICH AUDITOR LAKE COUNTY

Key # 30-5-48, 30-7-27, 30-433-14

Handwritten initials and numbers: 05, 900, MS