

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

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

Local No. 766

CERTIFICATE OF DEATH

St. MAR 7, 1997 Date Issued [Signature] Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for DECEASED-NAME (Kash Allen), SEX (Male), TIME OF DEATH (8:32 a.m.), DATE OF DEATH (September 20, 1996), SOCIAL SECURITY NUMBER (244-80-6568), DATE OF BIRTH (Jan. 30, 1949), BIRTHPLACE (Matewan, West Virginia), FACILITY NAME (St. Margaret Mercy Hospital), CITY/TOWN (Hammond), COUNTY (Lake), MARRITAL STATUS (Married), SURVIVING SPOUSE (Shirley Skeens), OCCUPATION (Crane Operator), KIND OF BUSINESS (Inland Steel Co.), RESIDENCE (Indiana, Lake, Hammond, 2142 Tanglewood Apt. 3C), ZIP CODE (46323), CITIZENSHIP (U.S.A.), RACE (White), EDUCATION (12), FATHER'S NAME (Harry Allen), MOTHER'S NAME (Virginia Simpkins), INFORMANT (Shirley Allen), ADDRESS (2142 Tanglewood, Hammond, Indiana 46323), RELATIONSHIP (Wife), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (September 24, 1996, Oakland Memory Lanes, Dolton, Illinois), EMBALMERS NAME (James H. Fife), LICENSE NO (FD01010795), DEATH REPORTED TO CORONER (Yes), SIGNATURE OF FUNERAL DIRECTOR (John P. Fife), LICENSE NO (FD01020366), NAME AND ADDRESS OF FUNERAL HOME (FIFE FUNERAL HOME - 4201 Indpls. Blvd., E. Chgo, IND), CAUSE OF DEATH (Vascular collapse, arteriosclerotic vascular and heart disease), CERTIFIER (Deputy), SIGNATURE AND TITLE OF CERTIFIER (Donna Melyon, Deputy Coroner), MEDICAL LICENSE NO (N/A), DATE SIGNED (Sept. 23, 1996), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307), HEALTH OFFICER SIGNATURE (JUAN SANCHEZ), DATE FILED (September 23, 1996), MANNER OF DEATH (Natural), DATE OF INJURY (September 20, 1996), TIME OF INJURY, PLACE OF INJURY (2142 Tanglewood), LOCATION (2142 Tanglewood), DATE PRONOUNCED DEAD (September 20, 1996), MOTOR VEHICLE ACCIDENT (No).

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FILED

JUAN SANCHEZ 15530 WALTER AVE. HAMMOND, IN. 46324