

10cc
ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. **96-0702**

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

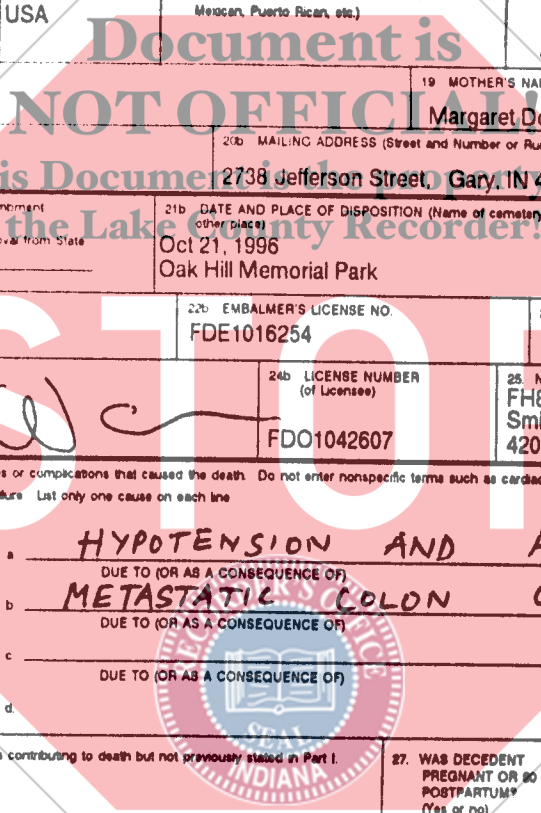
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED-NAME (First Middle Last) Aaron Collier		2 SEX Male		3a. TIME OF DEATH 9:38PM		3b. DATE OF DEATH (Month Day Yr) October 16, 1996											
4 SOCIAL SECURITY NUMBER 306-34-2412		5a AGE - Last Birthday (Years) 61		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo Day Yr) Aug 16, 1935		7. BIRTHPLACE (City and State or Foreign Country) Hughes, AR 72348							
8a. WAS DECEDENT A US VETERAN? No		8b. YEAR LAST SERVED IN US ARMED FORCES N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence													
9b. FACILITY NAME (If not institution, give street and number) 2738 Jefferson Street						9c. CITY TOWN OR LOCATION OF DEATH Gary			9d. COUNTY OF DEATH Lake								
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mary McCone		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Worker				12b. KIND OF BUSINESS INDUSTRY Manufacturing									
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Gary			13d. STREET AND NUMBER 2738 Jefferson Street										
13e. ZIP CODE 46407		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE - American Indian Black, White, etc. (Specify) Afro Amer		17. DECEDENT'S EDUCATION (Specify and do not grade completed) Elementary/Secondary 11 College (1-4 or 5+)							
18. FATHER'S NAME (First Middle Last) Leroy Collyear						19. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Douglas											
20a. INFORMANT'S NAME (Type Print) Mary Collier						20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2738 Jefferson Street, Gary, IN 46407				20c. Relationship Wife							
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Oct 21, 1996 Oak Hill Memorial Park				21c. LOCATION - City or Town State Gary, IN									
22a. EMBALMER'S NAME Sherman G. Banks				22b. EMBALMER'S LICENSE NO. FDE1016254		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes											
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (of License) FDO1042607		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH88900011 Smith Bizzell & Warner 4209 Grant Street, Gary, IN 46408											
26. PART I: Enter the diseases injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. HYPOTENSION AND APNEA DUE TO (OR AS A CONSEQUENCE OF) b. METASTATIC COLON CANCER DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions if any which gave rise to the immediate cause stating the underlying cause last												Approximate Interval Between Onset and Death 15 MINUTES		Approximate Interval Between Onset and Death 1 YEAR		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 YEAR	
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I.						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No							
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On 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. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MD				29c. MEDICAL LICENSE NO. 01042940		29d. DATE SIGNED (Month Day Year) OCT 23 1996									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Nisheeth Gupta, 125 East 99th Avenue, Merrillville, IN 46410																	
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32. DATE FILED (Month Day Year) OCT 25 1996							
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month Day Year) APR 9 1998		34b. TIME OF INJURY		34c. INJURY AT WORK? NO		34d. DESCRIBE HOW INJURY OCCURRED								
			34e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) APR 9 1998				34f. LOCATION (Street and Number or Rural Route Number City or Town State)										
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No													



98
25142
98
ST
15 MINUTES
1 YEAR
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 YEAR

FILED
APR 9 1998

SAM ORLICH
AUDITOR LAKE COUNTY

000633
[Signature]