ARENTS ARENTS FORMANT To Market Plank Market FORMANT To MCOMMANT MARK (From Amore Land) FORMANT MARK (From Amor		y responsibility. Disclosur			TIL DLI A	LINENI I	OF HE	ALTH			
PEPPRINT TOCCUSED-mass from seek last Toccused and the process of the proces	ıl Ma	11 1213 (1	sa.	CE	ERTIFICATI	E OF DEAT	TH .	State N	lo		
Elizabeth Social Control of Cont	11 140/		ERIES ARE CONFI	DENTIAL PER I	C 16-1-19-3						
ACK INK 305-30-2543 In USANDO FOREST 19 455 IN USANDO FOREST 19 456 IN USANDO FOREST 19 456 IN USANDO FOREST IN USANDO FOREST 19 456 IN USANDO FOREST IN USA						F	emale	9:25 PM	July 1	6, 1999	
A NAS DECENTY No. 1974 A. 197		1		(Years) Mantha Dava		Mayra Mayraa		1	7 BATHPLACE (Cay CYOSS 3 North		
TOENT YES 1945 S. MATY MEDICAL CENTER S. MATY MEDICAL CENTER S. MATY MEDICAL CENTER IN PROPERTY STATUS IN STATUS IN PROPERTY STATUS IN PR				EAR LAST SERVED IN		90 PLACE (DEATH (Check only one	See instructions)	ructione)	
SE. Mary Medical Center Is Lightly Struck Married Raymond B. Green Is December 10th Education 10th 10th 10th 10th 10th 10th 10th 10th		Yes	1945					·	J Other (Specify)		
METHED Is REMORCE—In M. SHERONE IN COUNTY Indiana Lake Lake Lake Station Lake St	DENT		-					DCATION OF DEATH			
Married Raymond B. Green Homemaker At Home 13a MERORCE-1911 in COUNTY 13a CONTINUE 1912 COUNTY 13a COUNTY		10. MARITAL STATUS (Specify)	(If wife, give ma	UNVIVING SPOUSE		12e DECEDENTS USUAL OCCUPA		ION (Give kind of work e not use retired)	126 KIND OF BUSH	NESS/INDUSTRY	
13 26 CODE 3 MACO CONTRACT 14 CONTRACT 15 CONTRACT				aymond B. Green		Homemaker				ne	
THE PART I COME Species Concessors - Concessors in the content of	Į	Indiana	Lake		Lake Stat	ion					
### 15 GAT A MANUAL LOCATION OF THE PROPERTY OF THE BURNESS OF THE		□ No	HW MAKE	WHAT COUNTRY?		Yes (If yes specify Cuben Bi		cli White etc	17 DECEDENT'S EDUCATION (Specify only highest grade completed)		
THANT SEARCH STATES SAME Uses Search		1 46405	1107						tlemenjøry/Secondery		
THE NATION OF DEPOSITION Encomment 200 MARING ADDRESS ISSUE OF THE REP 200 100 MARING ADDRESS ISSUE OF THE REP 200 100 MARING ADDRESS ISSUE OF THE REP 200 MARING ADDRESS	NTS				U I V		THERS NAME	(First Middle Maiden Su	romen CO		
The METHOD OF DISPOSITION Promoted Promoted from State Jack Sept 20, 1999 POCE Rigg. Indiana Jack Se	THAME	20s INFORMANT S NAME (Type	e/Print)	This !		DDRESS (Street and N	umber er Rural	Route Number City or To	wn Stere o Code)	20c Reletionship	
District District	7			<u>th</u>	Claure	Country	ARCC	or der.		Husband	
DOSITION 22 EMBALMER NAME GORDO L. JONES 14 BOOK OF UNERAL DIRECTOR 15 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME GORDO L. JONES 14 BOOK OF UNERAL DIRECTOR 15 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 15 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 16 ST TENS TO BE COMMENT OF UNERAL HOME FD01010711 17 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 18 PART II COMPANIES AND LOCATION FUNDERS OF UNERAL HOME FD01010711 18 WAS DECEMBER FD01010711 19 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 19 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNERAL HOME FD01010711 10 NAME ADDRESS AND LOCATION FUNDERS OF UNITED ADDRESS OF UNITED A		□ 26uriel □ Cremetion	☐ Removal from :		Jack pace 20,	1999	of cemetery (tremetory or 216		r Tawn State	
GORDAL JONES JONES OLOUTIES NUMBER JOHN STANDARD DIRECTOR JONES OLOUTIES NUMBER JOHN STANDARD DIRECTOR OF PLANDAR DIRECTOR OF PLANDAR DIRECTOR STANDARD STANDARD DIRECTOR OF PLANDAR DIRECTOR STANDARD STANDARD DIRECTOR OF PLANDAR DIRECTOR STANDARD STANDARD DIRECTOR OF PLANDARD DIRECTOR DI	-		cry)				21	WAS DEATH SERONS		Indiana	
EACH PART II Other significant condenses - Condenses of control parts of the Country of State (Condenses of condenses of c	33771014	Gordon L. Jor					"		D TO COMPREM		
SE OF Condessor of services of any which gave reaching in death of the Other Segretary and any which gave reaching in a underlying control of the other segretary and any which gave reaching in a underlying control of the other segretary and any which gave reaching in a underlying control of the other segretary and any which gave reaching in a underlying control of the other segretary and any other segretary an		240 SIGNATURE OF FUNERAL E	DIRECTOR	nes	(a)	Licenseel	Bur	ns Funeral	Home	FH83002 art, Indian	
BEOF Tabling in each or condense of any which give rise to the immediate coulse used. PART II Other significant conditions. Condendes childhousing to despit the conformal visit of the immediate coulse used. PART II Other significant conditions. Condendes childhousing to despit the conformal visit of the property o					ah kaa		1			Approxim Interval Bo	
Conditions if any which gave rest to the immediate cause are some immediate cause are an immediate cause are an immediate cause are an immediate conditions. Conditional capit housing the design fact for previously stated in Purisional Performance of the process		disease or condition	•				wo	1)afly	9	Onset and	
PART II Other significant conditions - Conditions of producting tof deep but not previously stated in Part 1 PART II Other significant conditions - Conditions of the but of the production of the production of the production of the production of the proof of the production of the p	ii o'	-		DUE TO (OR	AS A CONSEQUENCE	OF)		- / <u>S</u>		<u>s</u>	
PART II Other significant condecons - Condecods class that condecons - Condecods class that the condecods of the condecods class that the condecods of the condecod o	J.	rise to the immediate cause	10.1	M M	~		E E		<u> </u>		
PETER BENJAMIN 29e CERTIFIER Check only	•	cause lest	đ		YONSEQUENCE	SEAL		$\Omega^{\mathscr{G}}$		<u> </u>	
PETER BENJAMIN 296 CERTIFIER (Check only one) MEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time date and place and due to the causacia) as stated CORONER On the basis of examination and/or investigation in my opinion death occurred at the time date and place and due to the causacia) as stated DECRETIFIER On the basis of examination and/or investigation in my opinion death occurred at the time date and place and due to the causacia) and manner as stated 296 SIGN TUPE AND TITLE OF CERTIFIER 296 MEDICAL LICENSE NO O1037515	P	PART II Other significant condition			ot previously stated in P	PRECN	ANT OR 90 I	280 WAS IN AL	DOC	MEABLE PRIOR TO	
PART GOINT HADDTON dee death actuared at the time date and place and due to the cause(s) as stated 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 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 29th SIGNATURE AND TITLE OF CERTIFIER 29th MEDICAL LICENSE NO	İ		PETER	REN IAN	7764	(Yes e	r ne)		## J OF	DEATH? (Yee or no)	
FIER CORONER On the basis of examination and/or investigation in my opinion death occurred at the time date and place and due to the causa(s) as stated		290 CENTIFIEN DL	AKE COU	YTY'AUE	ALL CALL OF GOOD	accurred at the time date	and place an				
FIER 296 SIGNATURE AND TITLE OF CERTIFIER 296 MEDICAL LICENSE NO 01037515 296 DATE SIGNED (Month 01037515 296 DATE SIGNED (Month 01037515 296 DATE SIGNED (Month 1100 CA) 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) MILTON GASPARIS , M.D. 31 HEATTHOFFICERS SIGNATURE 32 DATE FILED MONTH DO 11 HIS CERTIFIES THE ABOVE 15 THE CEPT (FILED MONTH DO 12 DATE FILED MONTH DO 13 MANNER OF DEATH 33 MANNER OF DEATH 34 DATE OF INJURY 35 DATE SIGNED INSURED 36 DATE SIGNED INSURED 37 DATE SIGNED 37 DATE SIGNED 38 DATE SIGNED INSURED 38 DATE OF INJURY 18 DATE	2		HEALTH OFFICER O	n the basis of exa	minetion and/or investige						
Milton Gasparis , M.D. 1400 S. Lake Park Avenue, Suite 301, Hobart, It 32 DATE FRED JANON DO THE FRED	2		CHOMEN ON IMEDI						29d DA1		
THE STATE PRODUCTION OF THE PRODUCTION OF THE PROPERTY OF THE	FIER	290 SICHATURE AND TITLE OF O	CERTIFIER NG					01037515	11		
34 DATE OF INJURY Manurel Pending Injury P	FIER	290 SIGNATURE AND TITLE OF O MAPLE 30 NAME AND ADDRESS OF PER	CERTIFIER TO THE SERVICE OF THE SER	TED CAUSE OF I						bart, IN	
Bigural Pending Investigation Accident Suicide Could not be Determined Determined Hymicide Determined Determined Suicide Determined Suicide Determined Suicide Determined Suicide Determined Suicide S	FIER 3	290 SICHATURE AND TITLE OF PER 30 NAME AND ADDRESS OF PER Milton Gaspan	RSON WHO COMPLE RSON WHO COMPLE RSON WHO COMPLE	TED CAUSE OF (1400			enue, Suit	e 301, Ho	E FILED & Month Dod Ye	
Accident Suicide Could not be Determined Suicide Determined Namicide Suicide S	FIER 3	290 SIGNATURE AND TITLE OF O 290 SIGNATURE AND TITLE OF OF O ANILOM 30 NAME AND ADDRESS OF PER MILTON GASPAT 31 HEATTH OFFICERS SIGNATURE	RSON WHO COMPLE TIS , M.D	TEO CAUSE OF I	1400	S. Lake P	ark Av	enue, Suit THIS CERTIFI COMPLETE C 344 DESDEARTHOW P	e 301, Ho 32 DATE ESTHE ABOVE 1516 OPY OF THE CERT REPRESENTED THE	FILED AMONGO DOG YOUR RUP AND	
no des Williams	FIER 3	290 SIGNATURE AND TITLE OF IN ANILOW SO NAME AND ADDRESS OF PER MILTON GASPATA 31 HEATTH OFFICERS SIGNATURE OF DEATH 33 MANNER OF DEATH 34 MANNER OF DEATH	RSON WHO COMPLE TIS , M.D	TEO CAUSE OF I	1400	S. Lake P	ark Av	enue, Suit THIS CERTIFI COMPLETE C 344 DESDEARTHOW P	e 301, Ho 32 DATE ESTHE ABOVE 1516 OPY OF THE CERT REPRESENTED THE	FILED AMONGO DOG YOUR RUP AND	
14g DATE PRONOUNCED DEAD (Month Day Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify street passenger personnel and the provided of the provided o	FIER 3	296 SIGNATURE AND TITLE OF IT 296 SIGNATURE AND TITLE OF IT 30 NAME AND ADDRESS OF PER MILTON GASPATI CLERAS SIGNATURE 123 MANNER OF DEATH 124 Sequent Pending Investigation 125 Nicide Could not be Determined 126 Determined	RSON WHO COMPLE PIS , M.D. 34a DA 34a PL	TED CAUSE OF I	34b TIME OF INJURY	S. Lake P 34c INJURY AT W (Yes or no)	ark Av	Tenue, Suit THIS CERTIFI COMPLETE C 344 DESDEARHON P HEALTH DEP	e 301, Ho 32 DATE ESTHE ABOVE HT- OPY OF THE CERT HEPPER PROPERTY.	EFILED AMOUND ON YOU ARRIVE MID.	