ATTENTION ES SS# we need to p is voluntary and the refusal.	TATE: Disclos jursue our resp here will be no	ponsibilities penalty for	INC	IANA S	TATE	DEPA	RTM	ENT (OF HE	ALTH	(ବକବନ ଯୋଗ ଞ୍	en de recentante en esta esta esta esta esta esta esta esta	en calla APO	· · · · · · · · · · · · · · · · · · ·	
Local No	2/5	-97			CERTI	FICATE	OF	DEATH	1	St	ate No.				
41704		RDS IN THIS SE		NFIDENTIAL PE	R IC 16-1-11	9-3					بنيجنات الاستاد	والكال مزمور يفور بيجوريه			
TYPE/PRINT IN	Jt	-NAME (First, MI JSTINE	Α.	A. PUPLAVA					nale	lle /.20AM		January 27,1997			
PERMANENT BLACK INK	316-2	24-6886	(Ye	E—Last Birthday	Months Days HOSPITAL Inpetent		ent utpatient DOA		Febru	ary 5,1	.928 w	BIRTHPLACE (City and State or Foreign Col Whiting, Indiana			
	A U.S. VETE	RAN7	N/A	O FORCES?					OTHER Nursing Home O		Home O	Other (Specify)			
DECEDENT		AME (# not institute Front St	ntubon, give street and number) Street				9c. CITY, TOWN OR LOCATION Whiting			CATION OF DE	Lake 🔾			ž.	
	10. MARITAL ST Never 1	Married	11. SURVIVING (If wyle, give NOT)	S SPOUSE maiden name) E		. !	12a. DECEDENT'S USUAL OCC dogs thring most of working		L OCCUPATI Korking life Do	ng life. Do not use retired)		12b. KIND OF BUSINESSTMOUSTRY OWN HOME			
	India:		136. COUNTY Lake			town on Lo Lting	CATION			13d STREET AN	ront	Street	02		
	13e. ZIP CODE 46394	13f. INSIDE CIT	Yes	CITIZEN OF WHAT COUNTRY		DECEDENT OF No D Yes		ORIGIN? specify Cub	an: Blac	E—American Ind ik, White, etc. ecify)				UCATION de completed) College (1-4 or 5 +)	
DARGUEO	18 FATHER'S N	AME (First Middle	Ves Last)		01	01		19. MO	Whi THER'S NAME	(First Middle, Mi		12	2		
PARENTS		ank I		This I	0.0	men		ше	Mary mber or flural	Dado Route Number, C	of	State. Zip Code)	20c_Ret	Stionship	
INFORMANT	Edward	Puplava		the				d		Ing IN			<u> </u>	other	
	□ Donation □ Other (Specify) □ Calume						CE OF DISPOSITION (Name of commercy, cremetory, or January 29,1997; Park Cemetery				Mer	Merrill ville, Indiana			
DISPOSITION	224 EMBALMER JO	se G. Co	orona		225 0 8	360137	CENSE NO.		23.	WAS DEATH R	Yes	CORONER?			
	244 SIGNATURE	OF FUNERALD	rector Macco				08601					OME #83		24♀ ing, IN.46	
CAUSE OF DEATH	28. PART I. JHIS CENTIFIE JHIS CENTIFIE JAMES J. CAMPA JAMES J. CAMPA HEATH DEPT	arrest shock of STHE ABOVE IS THE ABOVE IS THE CENTER THE CENTER THE L.	heart failure List		CAMORAS A CON	afv.	OF)	serms, such a	ms d	SALE	ED	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	yai	Approximate Insulate Between Order and Death	
	trise to the immediate cause as 1997 c. Due to (or as a consequence of) MAR 2 2000														
	PART II Other sic LAKE COL	INTY HEALTH O	DMMISSIONER	bributing to death	but not previou	usly stated in P	ert I	PREGNA POSTP	ANTRIBET	OUNT N	SACUR AUDIT	COD CO	AILABLE F	N OF CAUSE	
	29a. CERTIFIER (Check only one)	<u>п</u> н		SICIAN To the t On the basis of ne basis of examp	examination a	nd/or investiga	tion, in my o	pinion, death	occurred at th		place, and due	to the cause(s) a		1	
CERTIFIER	296. SIGNATURE AND TIPLE OF CERTIFIER							20c. MEDICAL LICENSE NO OIV 3 420			ENSE NO /	29d. DATE SIGNED (Month Day, Your) Jan. 27, 1997			
	30 NAME AND A Dr. Ma	ADDRESS OF PER LIGSAYSAY	1104-	PLETED CAUSE -119th.	of DEATH (I'S tre	TEM 26) (Type	/Print) ing, I	N.463	194		·				
HEALTH OFFICER	31 HEALTH OFFI			plet	13.		C.	M)			90		onth. Day. Year) Ny 28/9	
	33 MANNER OF	_	34a	DATE OF INJUR (Month, Day, Yea	1 -	TIME OF		BURY AT W 'es or no)	ORK?	34d. DESCRIBI	E HOW INJUF	ny occupaed		Ú ·	
·	Natural Accident Suicide Homicide	Pending Investigation Could not be Determined	346.	34e. PLACE OF INJURY — At home, farm, street, building, stc. (Specify)				factory, office 34f LOCAT			TION (Street and Number or Rural Route Number, City or from State)				
	34g DATE PRON	OUNCED DEAD (Month, Day, Year	34h MOTO	R VEHICLE A	CCIDENT? (Y	es or no)	f yes, specify	/ driver, passer	nger, pedestrien,	etc.			V	

State Form 10110 (R4/3-93) Deathcer/PD 1