\*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

CAUSE OF DEATH Condessors injuries or complications that caused the death Do not enter nonspecific terms such as cerduc or respiratory  Approximate interval Between Condessors injuries and professors or position or solving in death of the condessors injuries to the influence of the condessors of conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  DUE TO GRAS A CONSEQUENCE OF)  Conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND (OR AS A CONSEQUENCE OF)  The conditions at any THIS SERTIFIES THE ABOVE IS A TRUSTAND OR THE CONSTRUCTION OF CAUSE OF DEATH (TWO STORMS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TWO STORMS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEN 25) (Type Prince)  The conditions at any The conditions are also and the course of the time, date, and place, and due to the cause(a) as stated.  The conditions are considered at the time, date, and place and due to the cause(a) as stated.  The conditions are considered at the time, date, and place and due to the cause(a) and manner as stated.  The conditions are considered at the time, date,	Local No.	24.4.725		CERTIFICAT	E OF DEAT	Н		No	********	
PERMANENT 4 - MOON, SECURITY HUMBER  BLACK INK  317-16-8052  30 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				R IC 16-1-19-3			16	-27-02	86-0037	
BLACK INN  377-16-8052  1946	IN		GROVE	M	MALE		36. TIME OF DEATH 36. DATE OF DEATH (			
A WAS COLORS OF THE PARTY TO AND THE		' i	(Yeers)		5c. UNDER 1 DAY Hours Minutes			7. BIRTHPLACE (City	and State or Foreign Country)	
DECEDENT    1946	BLACK INK	8a. WAS DECEDENT 8b. YEAR LAST SERVED IN		7 to 1 7 W				Handcock Co., Kentucky		
Residence: 9204 Johnston  In Supply of Team and Sup			☐ ER/Outpatient ☐ DOA			XXResidence				
MOLTIFIED    Moltified   Security   Security	DECEDENT									
PARTICIPATION   130 GOUNTS		10. MARITAL STATUS 11. SURVIVING SPOUSE (If wife, give meiden ner			12s. DECEDENT'S USU	AL OCCUPATION	ON (Give kind of work	12b. KIND OF BUSINESS/INDUSTRY		
Indiana Lake  Highland  9 204 Johnston  19 20 204 Johnston  19 206 CONTROL OF 19 10 10 10 10 10 10 10 10 10 10 10 10 10				aret Morris		ctrical	Tech.	Inland Steel Co.		
Secretary   Secr		Indiana	Lake	Highland						
PARENTS  19 FAPENTS NAME (Form Models Lase)  10 FAPENTS NAME (Form Models Lase)  10 FAPENTS NAME (Form Models Lase)  10 FAPENTS NAME (Form Models Lase)  11 FAPENTS NAME (Form Models Lase)  12 FAPENTS NAME (Form Models Lase)  13 FAPENTS NAME (Form Models Lase)  14 FAPENTS NAME (Form Models Lase)  15 FAPENTS NAME (Form Models Lase)  16 FAPENTS NAME (Form Models Lase)  17 FAPENTS NAME (Form Models Lase)  17 FAPENTS NAME (Form Models Lase)  18 FAPENTS NAME (Form Models Lase)  19 FAPENTS NAME (Form		☐ No 「Yes WHAT COUNTRY		No ☐ Yes (If yes, specify		GIN? 16. RACE—American Indian, cify Cuban. Black, White, etc.		17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
PARENTS  INFORMANT  IN		1	TI C A					Elementary/Secondary		
INFORMANT J. C. DEPART PROLE    Sto. MALAUG ACCRESS (Sever and Number of Natural Just Department Just 2 Code)   To. Severonto Wise Code   To. Severo	PARENTS	1		ł			_			
Mrs. Margaret Poole    9204 Johnston Rightand Disposition	INICODAANIT									
DISPOSITION  DISPO	INFORMANT	1	9204	9204 Johnston Highland			Vumber. City or Town. State. Zip Code) 20c. Relationship			
DISPOSITION  DISPO		21a. METHOD OF DISPOSITION	☐ Entombment							
DISPOSITION  226 EMBALMERS NAME  DESCRIPTION  227 MAS DEATH REPORTS OF CONCRIPTION  228 EMBALMERS NAME  DESCRIPTION  229 MAS DEATH REPORTS OF CONCRIPTION  229 MAS DEATH REPORTS OF CONCRIPTION  230 MAS DEATH REPORTS OF CONCRIPTION  240 MAS DEATH REPORTS OF CONCRIPTION  250 MAS DEATH REPORTS OF CONCRIPTION  DUE TO AS A CONSEQUENCE OF)  DUE TO AS A CONSEQUENCE OF)  DEATH  CONSEQUENCE OF THE CERTIFICATE OF CONCRIPTION  DUE TO AS A CONSEQUENCE OF)  DEATH  PART I COMP SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  PART I COMP SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  DEATH  PART I COMP SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  DEATH  PART I COMP SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  DEATH  PART I COMP SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  DEATH  PART I COMP SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  DEATH  PART I COMP SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  DEATH  PART I COMP SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  DEATH  PART I COMP SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  DEATH  PART I COMP SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  DEATH REALTH OFFI  DEATH OF THE SUPPLICATION  DUE TO AS A CONSEQUENCE OF)  DEATH REALTH OFFI  DEATH OFFI  DEA	DISPOSITION	[ <del></del>	other place)	other place) October 30, 1995						
DEACH DEACH DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DE SUPPLIER DE L'ANDIENT DES CONTROLLES EN MANUEL DE CAUSE OF FEDERAL MOME  DE NAME ADDRESS AND LICES EN MANUEL DE CONTROLLES DE L'ANDIENTE DE L'ANDIENT										
CAUSE OF  CAUSE		David McCoy PD08700581 1S No Ves								
CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF THE CAUSE OF		Du	Auel	) T U Hof	Licensee)	Boc	ken Funera	l Home, I	nc. FH8300280	
Conditions if any with SERTIFIES THE ABOVE IS A TRIBLAND ON AS A CONSCIUENCE OF) rest to the memberate CMM-LET COPY OF THE CERTIFICATE OF the standing the underly-DEATH ON FILE WITH THE LANE COURTS (OR AS A CONSCIUENCE OF) description of the significant congruence of the Sertification of the standing the underly-DEATH ON FILE WITH THE LANE COURTS (OR AS A CONSCIUENCE OF)  PART II. Other significant congruence of the Sertification of the standing the standing of the Sertification of the S	DEATH	arrest, shock, or h  IMMEDIATE CAUSE (Final disease or condition	eart failure. List only one cause on	ine Cou	nty Reco	rder!	spiratory	ILE	Interval Between	
29a. CERTIFIER  29a. CERTIFIER  (Check only only only only only only only only		rise to the immediat COMPLETE COP stating the underlyinDEATH ON FILE cause last HEALTH DEPT	Y OF THE CERTIFICATE OF WITH THE LAKE COUNTY (OF	, , , , , , , , , , , , , , , , , , , ,			PE	AY 07 20	)2 .min	
CERTIFIER  COMMOND Day, Year)  COL. 30, 1995		Olivarid	& Williams		PREGN. POSTP (Yes a	ANT OR 90 DA ARTUM? (no)	(Yes or no)	COI OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? (Yes or no)	
CERTIFIER  296 SIGNATURE AND TITLE OF CERTIFIER  296 MEDICAL LICENSE NO CCT. 30, 1995  296 DATE SIGNED (Month. Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM.29) (Type/Pind)  G. Jano, M.D. 7905 Calumet Average Muncerter, IN 46321  31. HEALTH OFFICERS SIGNATURE  32 ATE FILED (Month. Day, Year)  33. MANNER OF DEATH  346. DATE OF INJURY  346. DATE OF INJURY  346. DATE OF INJURY  346. PLACE OF INJURY—At home, farm, street, factory, office  347. DATE PRONOUNCED DEAD (Month. Day, Year)  348. DATE PRONOUNCED DEAD (Month. Day, Year)  349. DATE PRONOUNCED DEAD (Month. Day, Year)  340. DATE PRONOUNCED DEAD (Month. Day, Year)  341. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, padestrian, etc.	ĺ	(Check only DAKE CHINTY one)	LTH OFFICER On the basis of ex	amination and/or investigat	tion, in my opinion, death	occurred at the	time, date, and place, and	due to the cause(s) as	stated.	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM_28) (Type/Prind)  G. Jano, M.D. 7905 Calumet Average Minoster, IN 46321  31. HEALTH OFFICERS SIGNATURE  32. ATE FILED (Month. Day, Year)  33. MANNER OF DEATH    Natural   Pending Investigation   Accident   Suicide   Could not be Determined   Could not be Determined   Other Minoside   Could not be Determined   Suicide   Could not be Determined   Suicide   Could not Death (Specify)   Suicide   Could not Death (Specify)   Suicide   Could not Death (Month. Day, Year)   Suicid	CERTIFIER	296. SIGNATURE AND TITLE OF CER	TIPIER			29c.	MEDICAL LICENSE NO	29d. DAT	E SIGNED (Month. Day, Year)	
31. HEALTH OFFICERS SIGNATURE    State   State	[	_			AHHODS		7001 13 6	Oct.	30, 1995	
34a. DATE OF INJURY    Netural   Pending Investigation   Accident   Suicide   Could not be Determined   Determined   Determined   Could not be Determined   Suicide   Suicide   Could not be Determined   Suicide   Could not be Determined   Suicide   Su	HEALTH 3	31. HEALTH OFFICER'S SIGNATURE								
(Month. Day, Year) INJURY (Yes or no)  Accident Suicide Could not be Determined  Homicide  34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  34f. LOCATION (Street and Number or flural Route Number. City or Town, State)  Additional County of the Suicide Could not be Determined  34g. DATE PRONOUNCED DEAD (Month. Day, Year)  34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrien, etc.		3. MANNER OF DEATH	34a. DATE OF INJURY	34b. TIMÉ OF	34c. INJURY AT W	ORK? 3	Ad DESCRIBE HOW IN		Mu 30,199	
Accident Suicide Suici		Investigation	(Month, Day, Year)					GONT OCCURRED	, l	
34g. DATE PRONOUNCED DEAD (Month, Dey. Year)  34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrien, etc.		☐ Suicide ☐ Could not be Determined ☐ Suicide ☐ Could not be		—At home, farm, street, factory, office 34f. L		34f LOCATIO	O DI			
SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1	3,	4g. DATE PRONOUNCED DEAD (Mo	nth. Day, Year) 34h MOTOR V	EHICLE ACCIDENT? (Ye	s or no) If yes, specify	driver, passenge	er. pedestrien, etc.	<u> </u>	cash.	
	SC	OH06-004 State For	m 10110 (R4/3-	93) Deathc	er/PD 1					