*ATTENTION ESTATE:	Disclosure of the
SS# we need to pursue of	
is voluntary and there wi	il be no penalty for
refusel *	

## INDIANA STATE DEPARTMENT OF HEALTH

PERMANENT    **SCOLAR SECURITY NUMBER   STACK SECURITY SECURITY SECURITY NUMBER   STACK SECURITY SECURITY SECURITY NUMBER   STACK SECURITY	reiusai.	$\sim 1/-$							
TYPE_PRINT    DECEMBER SHOWN MARKED   DECEMBER SHOWN MARKED   No.   DECEMBER SHOWN MARKED   DECEMBER S	Local No	<i>90-0</i> 2	<b></b>	CERTIFICAT	E OF DEATH	State	No	•••••	
PERMANENT    Produces recommended   A Discretion	381153			ER IC 16-1-19-3					
PERMANENT I ** SOCIAL SECRET NAMES   SOCIAL STATES   SOCIAL STATES   PROPERTY   SOCIAL STATES   SOCIAL STATES					[		1	inth, Day, Yr.)	
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SECRETARY   Secr			N/A	□ FP/0	utnetiest CL DOA	OTHER: U Nursing Home	ણા⊙ther <i>(Specify</i> ) Ooctor's Of	fice	
BATA   Indianapolis Blvd.   Center)   Highland   Lake   Indiana   Indiana   Lake   Indiana   I	SECEDENT	9b. FACILITY NAME (If not institution, give street and number) (H		ighland Medical 90 CITY TO					
19 MARTING OF CORRECT ON THE CONTROL OF THE STANDARD MARKET CONTROL OF THE CONTRO	DEGEDENT	8731 India	napolis Blvd			hland	Lake		
Married Michael Lengyel  Indiana  Lake  Highland  2007 Porte de Leau Cou  2007 Porte de Leau Cou  18 STRET NO NAME  2007 Porte de Leau Cou  18 STRET NO NAME  2007 Porte de Leau Cou  18 STRET NO NAME  2007 Porte de Leau Cou  18 STRET NO NAME  2007 Porte de Leau Cou  18 STRET NO NAME  2007 Porte de Leau Cou  18 STRET NO NAME  18 STRET NO NAME  2007 Porte de Leau Cou  18 STRET NO NAME  18 S		(Specify)	(If wife, give maiden name)		12a. DECEDENT'S USUAL O	OCCUPATION (Give kind of work		NDUSTRY	
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The SEPCODE SE		}					MBER		
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Michael Lengyel    2007 Porte de Leau Ct., Highland, ND 46322   Husban									
Size METHOD OF GISPOSITION   Brownings   Duration   State   Duration	NFORMANT ~								
Burul   Microston   Removal from State   One Parker   February 2, 2002   Munster, Indian				2007 Pc	orte de Leau	Ct., Highland,	IND 46322 Hu	sband	
Doneston   Other (Speechy   Regional Cremation Services   Munster, Indian   Munster,							Ic. LOCATION—City or Town.	State	
229 EMBALMERS NAME  James H. Fife  246 SIGNATURE OF FUNERAL DRECTOR  247 SIGNATURE OF FUNERAL DRECTOR  248 SIGNATURE OF FUNERAL DRECTOR  248 SIGNATURE OF FUNERAL DRECTOR  248 SIGNATURE OF FUNERAL DRECTOR  249 DETTO CONTROL OF SIGNATURE OF FUNERAL HOME INC FH830C  250 EAST I Error the diseases infulnes concrete the death Do the standard control of the standard standa						. 1	3.6	2.1	
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ERTIFIER  296. CERTIFIER  (Check only one)    Corroller   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 cause(s) as stated.    Corroller   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 cause(s) as stated.    Corroller   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 cause(s) and manner as stated.    296. SIGNATURE AND TITLE OF CERTIFIER   296. MEDICAL LICENSE NO.   29d. DATE FIGNED (Month, D. C.)   29d. DATE FILED (Month, D. C.)							D? AVAILABLE	E PRIOR TO	
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ERTIFIER    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     29b. SIGNATURE AND TITLE OF CERTIFIER   29c. MEDICAL LICENSE NO.   29d. DATE SIGNED (Month, D. O.	<u> </u>	POR CERTIFIER	TIEVALO DUVOICIANI T	THE PARTY OF THE P		110		/ A	
ERTIFIER    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	ן י	(Check only	TH OFFICER On the beside of a	et of my knowledge, death of	occurred at the time, date, and	place, and due to the cause(s) as a	tated.		
296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Typ8) From  Dr. Valerie Brodsky - 8731 Indianapolis Blvd., Highland, Indiana 4  31. HEALTH OFFICER'S SIGNATURE  32. DATE FILED (Month, Dey, 1)  33. MANNER OF DEATH  34a. DATE OF INJURY  (Month, Day, Year)  34b. TIME OF SIGNATURE SIGNATURE  34c. INJURY AT WORK?  (Yea or no)  34d. DESCRIBE HOW INJURY OCCURRED  WHIS CERTIFICS THE ABOVE IS A TRUE AND SOMPLETE COPY OF THE CERTIFICATE OF Duilding, etc. (Specify)  34e. PLACE OF INJURY—At home, farm, street, factory, office    Homicide   Could not be Determined   Could not		one) □ cor	RONER On the basis of exeminati	on and/or investiga	tion, in my opinion, death occu	erred at the time, date, and place, an	d due to the cause(s) as stated.		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Pinto)  Dr. Valerie Brodsky - 8731 Indianapolis Blvd., Highland, Indiana 4  31. HEALTH OFFICERS SIGNATURE  32. DATE FILED (Month, Day, 1987)  33. MANNER OF DEATH  34a. DATE OF INJURY  (Month, Day, 1987)  34b. TIME OF 100 100 100 100 100 100 100 100 100 10	2	96. SIGNATURE AND TITLE OF CER	RTIFIER	on and/or investigation, in r	my opinion, death occurred at t				
Dr. Valerie Brodsky - 8731 Indianapolis Blvd., Highland, Indiana 4  31. HEALTH OFFICERS SIGNATURE  32. DATE FILED (Month. Day, 1987)  33. MANNER OF DEATH  34a. DATE OF INJURY  (Month. Day, Year)  34b. TIME OF INJURY  (Yea or no)  34c. INJURY AT WORK? (Yea or no)  34d. DESCRIBE FIRE ABOVE IS A TRUE AND JOMPLETE COLVY OF THE CERTIFICATE OF Determined  34e. PLACE OF INJURY—At home, farm, street, factory, office Determined  34f. LOCATION State and Number of Aural House Names (Specify)	ERTIFIER		Malain	Hood the	11 (D) W	O200234	29d. DATE SIGNE	D (Month, Day, Year)	
Dr. Valerie Brodsky - 8731 Indianapolis Blvd., Highland, Indiana 4  31. HEALTH OFFICERS SIGNATURE  32. DATE FILED (Month. Day, 1987)  33. MANNER OF DEATH  34a. DATE OF INJURY  (Month. Day, Year)  34b. TIME OF INJURY  (Yea or no)  34c. INJURY AT WORK? (Yea or no)  34d. DESCRIBE FIRE ABOVE IS A TRUE AND JOMPLETE COLVY OF THE CERTIFICATE OF Determined  34e. PLACE OF INJURY—At home, farm, street, factory, office Determined  34f. LOCATION State and Number of Aural House Names (Specify)	3	O. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF	F DEATH (ITEM 26) (Type	Print)	1000001	1 1 01 0	1102	
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33. MANNER OF DEATH  34a. DATE OF INJURY (Month, Day, Year)  34b. TIME OF INJURY (Yea or no)  34c. INJURY AT WORK? (Yea or no)  34d. DESCRIBE HOW INJURY OCCURRED  34d. DESCRIBE HOW INJURY OCC	EALTH 3	1. HEALTH OFFICER'S SIGNATURE			211			· · · · · · · · · · · · · · · · · · ·	
34a. DATE OF INJURY    Natural   Pending Investigation   Accident   Suicide   Could not be Determined   Determined   Homicide   Suicide   Could not be Determined   Could not be Determined   Homicide   Suicide   Could not be Determined   Suicide			<u>Su</u>	em u) E	DUT D.O.	·			
Natural   Pending   Investigation   Accident   Suicide   Could not be Determined   Determined   Accident   Suicide   Could not be Determined   Accident   Suicide   Could not be Determined   Accident   Suicide   Could not be Determined   Accident   Suicide   Could not be Determined   Accident   Suicide   Could not be Determined   Accident   Accident   Suicide   Could not be Determined   Accident   Accid	3:	3. MANNER OF DEATH				34d. DESCRIBE HOW IN	NURY OCCURRED	7	
Investigation  Accident  Suicide  Could not be Determined  Accident  Homicide  Investigation  Accident  Ac	1	☐ Natural ☐ Pending	(Month, Day, Year)	INJURY	(Yes or no)	ywa onomewe:	TO CADOME IS A TRUE AND	,   <b> </b>	
Suicide Could not be Determined Suicide Determined Suicide Could not be Determined Suicide Determined Suicide Coulding etc. (Specify)	l	Investigation				COMPLETE COP	Y OF THE CERTIFICATE OF		
Homicide 4	Í	☐ Suicide ☐ Could not be	34e. PLACE OF INJURY building, etc. (Specif	'—At home, farm, street, fai [y]	ctory, office 34	LOCATION START and Number	of Adril House Name 2007	Som Sales) BT	
349. DATE PRONOUNCED DEAD (Month, Day, Year) 34h, MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver assessment and the second of the s	1	☐ Homicide						9/25	
TALE TO THE PROPERTY OF THE PR	34	g. DATE PRONOUNCED DEAD (Mo	nth. Day. Year) 34h. MOTOR	VEHICLE ACCIDENT? (Ye	ns or no) If yes, specify drive	er, passienger, pedestrian, etc	n 4 2002	<b>1</b> 1	