## ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to ursue its statutory responsibility. Disclosure is diuntary and there will be no penalty for refusal.

SDH06-004 State Form 10110 (R5/1-99)

KEY 35-409-1

## INDIANA STATE DEPARTMENT OF HEALTH THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

**CERTIFICATE OF DEATH** 

SI STEELS 1979 Armship Date Issued Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PE/PRINT	1 DECEASED-NAME (First Mi	iddle, Last)			2 :	SEX	3a. TIME OF DEAT	H Jb DATE OF DE	ATH (Mone)	Day Yes
IN	Eu1og		117777			<u>Male</u>	10:25a	Decem	ber	14. 1999
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ALTH	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Conditions if any, which gave rise to the emmediate cause, stating the underlying cause less.  PART II. Other significant conditions.  PART III. Other significant conditions.  296 CERTIFIER XXC.  (Check only One)	CERTIFYING PHHEALTH OFFICE CORONER OF CERTIFIER  RSON WHO CORONER OF CERTIFIER  34	DUE TO CO DUE TO	PRASA CONSEQUENCE OF AS A CONSEQUENCE OF DEATH (ITEM 25) (7)  TO DEATH	ary EV (CE OF)  OS (S)  CE OF)  OF Part I  27. WAS  Price Pr	S DECEDENT GNANT OH STPARTUM? For no)  NO date, and place each occurred sturred at the ba	SO DAYS  LAKE C  28a. WAS AN PERFORM (Yes or no  NC  e. and due to the cause(s) si at the time, date, and place, ime, date and place, and due  29c. MEDICAL LICENSE  / 0/02/14/9 S  1.Ster, Inc  M. D	AY 10 20  DER PET MANA  AUTOPSY 285  and due to the cause(s) and ma  NO 29d D  Dec  Liana 4  32 DA  VINJURY OCCURRED	WERE AUTION AVAILABLE COMPLETIC OF DEATH?  I as stated some as stated some as stated some as stated some as stated at the state at the	OPSY FINDINGS OPSY FINDINGS PRIOR TO NO OF CAUSE (Yea or no) N C  od D (Month, Day, Year) T 1999
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ATH ALTH FICER	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Conditions if any, which gave rise to the emmediate cause, stating the underlying cause less.  PART II. Other significant conditions.  PART III. Other significant conditions.  296 CERTIFIER XXC.  (Check only One)	CERTIFYING PHEALTH OFFIC CORONER OF CERTIFIER  RSON WHO CO Perez  JA  34	DUE TO CO DUE TO	PRAS A CONSEQUENCE OF DEATH (ITEM 28) (7)  TO PRAS A CONSEQUENCE OF DEATH (ITEM 28) (7)  TO PRAS A CONSEQUENCE OF DEATH (ITEM 28) (7)  TO PRAS A CONSEQUENCE OF DEATH (ITEM 28) (7)  TO PROBATH (ITEM 28) (7)	ary EV (CE OF)  OS (S)  CE OF)  OF Part I  27. WAS  Price Pr	S DECEDENT GNANT OH STPARTUM? For no) NO date, and place each occurred turred at the bi T WORK?  341 LC	SO DAYS  So DAYS  SO	AV 10 20  DER HELIAM  AUTOPSY 286  and due to the cause(s)  to the cause(s) and ma  NO 29d D  Dec  Hiana 4  32 DA  VINJURY OCCURRED  Der or Rurel Route Numb	WERE AUTION AVAILABLE COMPLETIC OF DEATH?  I as stated some as state of the state o	OPSY FINDINGS OPSY FINDINGS PRIOR TO NO OF CAUSE (Yes or no)  O (Month, Day, Year)  1999  Month, Day, Year)  Town, State)  B (Year)