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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
NFIDENTIAL PER IC 16-37-1-10

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Sign Mailton Deposition D	'ARENTS	18. FATHER'S N.	AME (First Middle	Last)				19. MOTHER	S NAME (F	rst. Middle, Meiden :	Surname)			
ELLA Mac. Hudson Commission Landscholm Landscholm		Sam	Hud	son	Sr.			Cleo1	lor	Watkins				
STE METHOD OF DISPOSITION	NFORMANT	20a. INFORMAN	T'S NAME (Type/	Privat)		20b. MAILING	ADDRESS (S	reet and Number	or Rural Rou	ste Number, City or	Town State, Zip Code)	20c. Relationship	—	
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TIFIER 28. PART I Crear this disease. Implies or complicational rife caused this clear of months of enter inchanges in cannot be a considered in the consideration of the caused in the consideration of the consideration		("/ <i>)</i> ///	YUKI /	N	-67-570		2970007					83007704		
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TIFIER Tifier		Onset and										Onset and Death		
Conditions if any which gave rise to the minimater cause, standing the underlying causes last and previously standed in Part II. PART II. Other approficant conditions. Conditions committeding to death but not previously standed in Part II. PART II. Other approficant conditions. Conditions committeding to death but not previously standed in Part II. PART II. Other approficant conditions. Conditions committeding to death but not previously standed in Part II. PREVENTING TO 39 DAYS PREVIOUS CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST PART LIST (Vision on IV.) 286. WEST PART LIST (Vision on IV.) 286. WAS AN AUTOPSY PREVIOUS CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN TO 490 DAYS PREVIOUS CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN TO 490 DAYS PREVIOUS CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN TO 490 DAYS PREVIOUS CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN TO 490 DAYS PREVIOUS CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WEST REMOVED IN THE CONDITION OF CAUSE OF DEATHY (Vision on IV.) 286. WE	1105.05		on	•	DUE TO (O	DUE TO (OR AS A CONSEQUENCE OF)								
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TIFIER 296 CERTIFIER (Check only one) MEALTH OFFICER On the best of my knowledge, death occurred at the time date, and place and due to the cause(s) as stated Check only one) MEALTH OFFICER On the best of my knowledge, death occurred at the time date, and place and due to the cause(s) as stated CORONER On the base 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 base 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 base of examination and/or investigation in my opinion, death occurred at the time date and place and due to the cause(s) as stated 296 SIGNATURE AND TITLE OF CERTIFIER	Ì				a della località (lo casali co	t not previously stated if	2							
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SERVING THE PEOPLE OF NORTHWEST INDIANA SINCE 1974 WITH CONCENTRATION IN WORK ACCIDENT AND INJURY WORK 12 DATE FILED (MORE OF 182) HAR 22 0782-1 TIME OF 134c INJURY AT WORK? (Yes or no) SERVING THE PEOPLE OF 182 INJURY AT WORK? (Yes or no) SERVING THE PEOPLE OF 182 INJURY AT WORK? (Yes or no) SERVING THE PEOPLE OF 182 INJURY AT WORK? (Yes or no) Farm street, factory, office 34d DESCRIBE HOW INJURY OCCURRED (Yes or no) SERVING THE PEOPLE OF 182 INJURY AT WORK? (219) 981-2426 FAX (219) 981-2504 CIDENT? (Yes or no) If yes specify driver, pessenger, pedestrien, etc				C	ENERAL PRACT	ICE (,) c			^ ~^-	To	LUNY			
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CHRISTIAN JOHN GIELOW ATTORNEY (219) 981-2426 FAX (219) 981-2504 (Yes or no)	SINCE 1974) TIME OF	34c IN.	URY AT WORK?	34	DESCRIBE HOW	INJURY OCCURRED		٦	
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