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

Local No. .....

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)	
Warren	H.	Taylor	Male	12:25 PM	March 16, 2002	
4. *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day. Yr.)	7 BIRTHPLACE (City and State or Foreign Country)	
306-44-3452	59			Dec. 20, 1942	Hammond, Indiana	
8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions.)				
No.	N/A	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence			
9b FACILITY NAME (If not institution, give street and number)		9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH			
1937 N. Lafayette St.		Griffith	Lake			
10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY			
Married	Bernadette Matz	Letter Carrier	Post Office			
13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER			
Indiana	Lake	Griffith	1937 N. Lafayette St.			
13e ZIP CODE	13f INSIDE CITY LIMITS ☐ No ☒ Yes	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
46319	13g ON A FARM? ☒ No ☐ Yes	U.S.A.		White	12	
18 FATHER'S NAME (First, Middle, Last)			19 MOTHER'S NAME (First, Middle, Maiden Surname)			
Durwood Taylor			Lillibelle Good			
20a INFORMANT'S NAME (Type/Print)		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		20c Relationship		
Bernadette Taylor		1937 N. Lafayette St., Griffith, IN 46319		Wife		
21a METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		21c LOCATION—City or Town, State		
		March 20, 2002 Calvary Cemetery		Portage, Indiana		
22a EMBALMER'S NAME		22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes			
Edgar C. Gleim		FDO 1016173				
24a SIGNATURE OF FUNERAL DIRECTOR		24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME			
Ronald G. Reed		FDO 1001081	Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 19900008			

26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Vascular collapse — Unknown

DUE TO (OR AS A CONSEQUENCE OF): b. Due to arteriosclerotic heart and vascular disease

Conditions if any which gave rise to the immediate cause stating the underlying cause last: DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	

29a CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated

☐ 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

Chief Deputy

29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
Jeffrey R. Wells	N/A	March 18, 2002

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307

31 HEALTH OFFICER'S SIGNATURE — Thomas D. Best D.O.

32 DATE FILED (Month, Day, Year) — March 19, 2002

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				00210

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34f LOCATION (Street and Number or Rural Route Number, City or Town, State) — 9.00 LP Cash

34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.
March 16, 2002	