| 1 | • |
|----|--|
| 1 | ATTENTION ESTATE: Disclosure of the |
| O | S# we need to nursue our responsibilities |
| İs | voluntary and there will be no penalty for |
| r | efusal.* Or OD |

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

| ATTENTION EST S# we need to post s voluntary and the | ursue our respo | nsibilities | Į į | ndiana s | TATE DEP | ARTME | NT OF | HEA | LTH COM | plete COPY : MOND HEALT | OF DEATH THE DEPART | | |
|--|---|--|--|---|---|-----------------------------|--|---|-----------------------------------|---|--|---|--|
| ocal No | 927 | | | | CERTIFICAT | E OF D | EATH | | S JAN | 26,1995 H | ernmond He | ealth Commissioner | |
| TYPE/PRINT IN | 1 DECEASED-NAME (First, Middle, L | | | | | | 2. sex Male | | 3a. TIME OF DEATH 3 | | 36 DATE OF DEATH (Moont Day, Yr) November 24, 1994 | | |
| PERMANENT BLACK INK | K 340-20-0253 | | 58 ACE—Last Birthday (Years) 67 86 YEAR LAST SERVED IN US ARMED FORCES? | | 5b. UNDER 1 YEAR Months Days | Days Hours Minutes Apr. | | | | Chicago | Other (Specify) | | |
| | | | | | HOSPITAL Inpet | Outpatient D | patient DOA | | OTHER: Nursing Home XAResidence | | | | |
| ECEDENT | 9b. FACILITY NAME (If not institution of 6830 Osborn | | | | | 9c city, town of Hammond | | | | Lake | lake 12b KIND OF BUSINESS/INDUSTRY | | |
| | 10 MARITAL STATUS (Specify) Married 13a RESIDENCE—STATE INICIANA | | 11 SURVIVING SPOUSE (If wife, give maiden name) Lorraine Fish | | | Maint. | | TS USUAL OCCUPATION (Give kind of work g most of working life Da not use retired) MECHANIC Mechanic | | Welded Tube | | | |
| | | | Lake | | 13c CITY, TOWN, OR LOCATION Hammond 15. WAS DECEDENT OF HISPANIC C | | 6830 | | STREET AND NUMBER N | | DECEDENT'S I | DESITE FOLICATION | |
| | | 13f. INSIDE GIT | RM7 | | 15. WAS DECEDENT B No D Mexican, Puerto F | res (If yes, specify Cuban, | | 16. RACE—American Indian. Black White etc. (Specify) White | | (Specify only highest grade co. | | grade completedì | |
| ARENTS | NTS XE'No Yes 18 FATHERS NAME (First Middle, Last) Alber August Sple | | | | 19 MOTHERS NAME (First Middle, Meiden St Katherine Metzger | | | | | | urname) (| | |
| FORMANT | 20a INFORMANT Lorrain | s name (Type/l le Splet | rint) Zer | | 6830 | Osbo <u>i</u> n | Hammon | nd, Inc | liana 46 | *************************************** | Wi | | |
| | 210 111211100 01 210 021 | | | Removal from State other place) Ca | | | or DISPOSITION (Name of cemetery, cremetory, or lumet Park Cemetery r 28, 1994 | | | Merrillville, IN | | | |
| SPOSITION | David F. McCoy | | | | 226 EMBALMERS LICENSE NO 23 WAS DEATH REPORTED TO CORONE FD08700581 | | | | | | | | |
| | 248. SIGNATURE | NEL CO | RECTOR | May | | (of Licensee) 0870058 | L 13 | Bocker | n Funera | inse numper of 上 Ho語, 政e. 出a | Inc F | ме H83002801 ! IN 46323 | |
| | 26 PART I | arrest, shock, or | | or complications that cause or List only one cause or | each inement | | prop | erty | atory of | 27 -6 32 -6 | 5 j | Approximate Interval Between Onset and Deeth | |
| AUSE OF EATH | disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last | | t | DUE TO (C | OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE | CE OF). | cHo | 0,2 (| | | | month. | |
| | PART II Other sign | ificant conditions | - Conditio | ons contributing to death b | out not previously stated i | n Part I 27 | POSTPART | OR 90 DAY | S 28s. WAS AN PERFORM | AED? | AVAILABL COMPLET | TOPSY FINDINGS E PRIOR TO ION OF CAUSE IT (Yes or no) | |
| | 29a. CERTIFIER (Chack only one) | 1 2 | | G PHYSICIAN To the b FFICER On the basis of On the basis of examina | 1 | tigation, in my opi | nion, death occ | curred at the tim | ne, date, and place. | and due to the cau | | sted | |
| ERTIFIER | 296 SIGNATURE | (///////////////////////////////////// | 100 | COMPLETED CAUSE Ihrig 9725 | OF DEATH (ILEM 26) U | ype/Print) | land | 01 | EDICAL LICENSE | NO 3 | d date sign byembe | Er "28, 1994 ——————————————————————————————————— | |
| ALTH FICER | 31 HEALTH OFFIC | | | | dam. D | WAND | | | | , | 11/5205 | (Month. Day. Year) | |
| | 33. MANNER OF D | EATH | | 34a. DATE OF INJUR (Month. Day, Year | Y 346 TIME OF | | URY AT WOR | "L E | DESCRIBE HO | INJURY OCCUP | RED | | |
| | Accident | Investigation Could not be Determined | | 34e PLACE OF INJUI building, etc. (Spe | RY —At home, farm, stree | t, factory, office | OC. | F BCATION | 1003t and Num | ber or Rural Route I | Number, City or | r Town, State) | |
| | Homicide 34g DATE PRONO | | Month, Da | y, Year) 34h MOTO | R VEHICLE ACCIDENT? | | | | TIGLICH AUDITOI | ત (| 0005 | 45 m | |