

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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Return to Stewart Title Services of Northwest Indiana The Pointe 9921 W. Lincoln Hwy. Crown Point, IN 46307

Local No. 21

State No. 9921

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS

INFORMANT

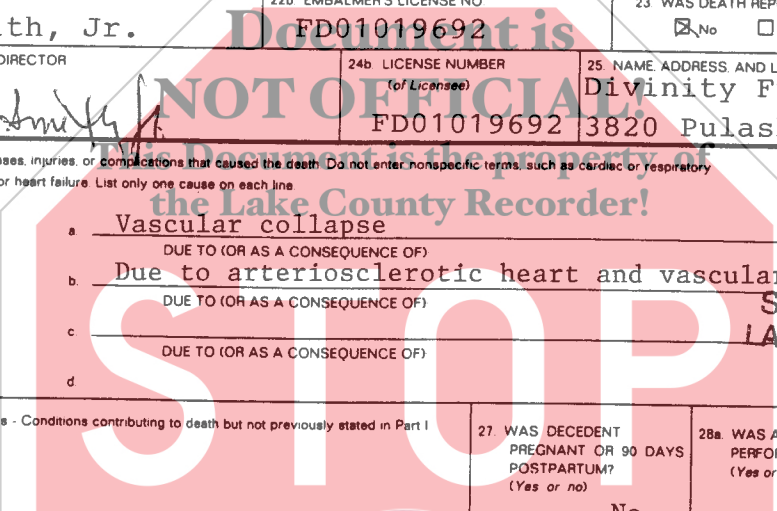
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1. DECEASED-NAME (Donald H. Mills), 2. SEX (Male), 3a. TIME OF DEATH (8:36AM), 3b. DATE OF DEATH (January 16, 2003), 4. SOCIAL SECURITY NUMBER (160-32-5839), 5a. AGE (61), 6. DATE OF BIRTH (May 22, 1941), 7. BIRTHPLACE (Philadelphia, PA), 8a. WAS DECEASED A U.S. VETERAN? (Yes), 9a. PLACE OF DEATH (HOSPITAL - Inpatient), 9b. FACILITY NAME (St. Catherine Hospital), 9c. CITY, TOWN, OR LOCATION OF DEATH (East Chicago), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Dorothy M. Sealy), 12a. DECEASED'S USUAL OCCUPATION (Manager), 12b. KIND OF BUSINESS/INDUSTRY (Gary School System), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Gary), 13d. STREET AND NUMBER (540 Taft St), 13e. ZIP CODE (46404), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEASED OF HISPANIC ORIGIN? (No), 16. RACE (Black), 17. DECEASED'S EDUCATION (G.E.D.), 18. FATHER'S NAME (Aubrey Mills), 19. MOTHER'S NAME (Dordthea McCray), 20a. INFORMANT'S NAME (Dorothy M. Mills), 20b. MAILING ADDRESS (540 Taft St. Gary, IN 46404), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (January 25, 2003, Fern Oaks Cemetery), 21c. LOCATION (Griffith, IN), 22a. EMBALMER'S NAME (Samuel Smith, Jr.), 22b. EMBALMER'S LICENSE NO (FD01019692), 23. WAS DEATH REPORTED TO CORONER? (Yes), 24a. SIGNATURE OF FUNERAL DIRECTOR (Samuel Smith, Jr.), 24b. LICENSE NUMBER (FD01019692), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Divinity Funeral Home, 83001570, 3820 Pulaski St. E.C., IN 46312), 26. PART I IMMEDIATE CAUSE (Vascular collapse, Due to arteriosclerotic heart and vascular disease), 26. PART II Other significant conditions, 27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Deputy Coroner), 29b. SIGNATURE AND TITLE OF CERTIFIER (Paul R. Castro), 29c. MEDICAL LICENSE NO (N/A), 29c. DATE SIGNED (January 22, 2003), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Paul R. Castro, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307), 31. HEALTH OFFICER'S SIGNATURE (D. Umelby), 32. DATE FILED (January 22, 2003), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK? (No), 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION (000176), 34g. DATE PRONOUNCED DEAD (January 16, 2003), 34h. MOTOR VEHICLE ACCIDENT? (No)



FILED MAY 4 2004 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR