being requested pursue its statute	STATE: The Social Se by this state agency i ory responsibility. Dis re will be no penalty fo	n order to		STATE DEP				ALTH	<u> </u>	Netstewart 1	M to	
Local No	THE RECORDS IN	THIS SERIES	ARE CONFIDENTIAL PE	CERTIFICA ERIC 16-1-19-3	TE OF	DEATH	i	State	No	The ! 1. 9921: W. 1.	Pointe Ircolh Awv	
TVD T/DDINT				EN 10 10-1-13-3		2. SEX				CIUWII FOII	nt, in 46307	
TYP E/PRINT	Donald					3a. TIME OF DEAT	1	OF DEATH (Mon				
IN PERMANENT			1115	Sb. UNDER 1 YEAR Sc. UNDER 1 DAY 6 DAY				8:36AM	Jar	nuary	16,2003 o or Foreign Country)	
BLACK INK	160-32-5839 (Years) 61			Months Days	Manha David Maria							
DEFOR NAIL	88. WAS DECEDENT 8		EAR LAST SERVED IN	1			1941	PIIII	Philadephia,PA			
	A U.S. VETERAN?		S. ARMED FORCES?	HOSPITAL A Inpa	9e PLACE OF DEATH (Check only one See instructions) HOSPITAL Dispetient OTHER: Nursing Home Other (Specify)							
	Yes			□ ER/S	Outpatient 🔲			Residence		Other (Specify)		
DECEDENT	9b. FACILITY NAME (If not institution, give street and number)			9c. CITY, TOWN.						d: COUNTY OF DEATH		
DECEDENT	St. Catherine Hospital			East Ch								
	10. MARITAL STATUS 11. SURVIVING SPOUS (Specify) (If wife, give maden			12a DECEDEN			NT'S USUAL OCCUPATION (Give kind of working most of working life Do not use retired)			126. KIND OF BUSINESS/INDUSTRY		
	Married	Dő	wife give maiden name) rothy M.	Sealy	done during most of workin Manager		king life. Do not use retired)		Gary School System			
	13e RESIDENCE-STATE	13b. C	COUNTY	13c. CITY, TOWN, OR			13d. STREET AND NUI					
	Indiana	L	ake	Gary			40 Taft					
	13e ZIP CODE 13f. INS	IDE CITY LIMIT	S 14 CITIZEN OF	15. WAS DECEDENT	OBIGIN? 16 BAC		American Indian.		0505051710			
		No X Yes	WHAT COUNTRY	? XÚNo □ Yes (If ye			. Black, V	Black, White, etc.		17. DECEDENT'S EDUCATION "Specify only highest grade completed)		
	13g. ON A FARM		USA	Mexican, Puerto Rican, etc.)		(Spe				condary (0-12)	College (1-4 or 5 +)	
	46404 X				Bla			G.E.D.				
PARENTS	18 FATHER'S NAME (First Middle, Last) 19 MOTHER'S NAME (First Middle, Maiden Surname)											
	Aubrey Mills Dordthea McCray											
INFORMANT	20a INFORMANT'S NAME (Type/Print) 20b MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip Code Dorothy M. Mills 540 Taft St. Gary. TN 46404							I	elationship			
	Dorothy	540 Taft St. Gary, IN 46404 Wife										
	21a. METHOD OF DISPOSITION			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, cremetory, or 21c LOCATION—City or Town, State								
	□ Donation □ Other (Specify)			other place) January 25,2003 Fern Oaks Cemetery						Griffith, IN		
									Grif			
DISPOSITION	22a. EMBALMER'S NAME:	22b EMBALMER'S LICENSE NO 23 WAS DEATH REPORTED TO CORONER?										
	Samuel S	mith,	Jr.	FD01019692 1								
	246 SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER 25 NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME										 AE	
	Divinity Funeral Home =83001570										33001570	
	Sernue	1 Ami	My /	F	D0101	9692	3820	Pulaski	st.	E.C.	N 46312	
	FD01019692 3820 Pulaski St. E.C. IN 46312 28 PART I. Enter the diseases, injuries, or complications that caused the death Do not enter nonspecific terms, such as cardiac or respiratory. Approximate											
,	arrest, si	nock, or heart fai	ilure. List only one cause on	each line	_		_	atory			Approximate Interval Between	
CAUSE OF DEATH	IMMEDIATE CAUSE (Final		. Vasculai	collapse	nty K	ecore	der!			Uni	O D	
	disease or condition resulting in death)	OR AS A CONSEQUENCE OF)							KIIOWII			
	resulting in death)	arterioscierotic heart and vascular disease										
	Conditions, if any, which gave rise to the immediate cause.			STEPHEN R. STIGLICH								
	stating the underlying			RAS A CONSEQUENCE OF)								
	cause last	HAS A CONSEQUENCE OF							11OA			
}	DART II OII		d.		1							
	PART II. Other significant conditions - Conditions contributing to death			THE PROPERTY				28a. WAS AN AUTOPSY 28b. WERE AUTOPS		OPSY FINDINGS		
						PREGNANT	OR 90 DAYS	PERFORMED (Yes or no)	17	AVAILABLE COMPLETIO	PRIOR TO IN OF CAUSE	
						(Yes or no.			_	OF DEATH?		
ļ.	On CERTIFIER				IIIII		No		No			
1	29a. CERTIFIER (Check only	UEHIIFYIN	IG PHYSICIAN To the be	at of my knowledge, death	occurred at the	a time, date, and	d place, and due	to the cause(s) as st	ated.		 -	
	one)	HEADIH C	OFFICER On the basis of e	xamination and/or investig	ation, in my opi	nion, death occ	urred at the time	e, date, and place, and	due to the cau	se(s) as stated		

Deputy Coroner, 2900 West 93rd Avenue,

34b TIME OF

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

34c INJURY AT WORK?

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver pessenger, pedestrien, etc.

29d. DATE SIGNED (Month. Day. Year) January 22, 2003

N/A

Crown Point, Indiana 46307

34f LOCATION (Street and Number or Rural Route Number. City or Town State) 0001.76

CERTIFIER

HEALTH OFFICER

MANNER OF DEATH

Accident

Natural Pending

34g DATE PRONOUNCED DEAD (Month, Day, Year)

January 16, 2003

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

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