

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2489-03

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

TYPE/PRINT IN PERMANENT INK

DECEDENT

IDENTIFICATION ATTACHED

POSITION

USE OF

CERTIFIER

1 DECEASED—NAME (First, Middle, Last) DONNA RUTH COLVIN		2 SEX FEMALE	3a TIME OF DEATH 10:45 PM	3b DATE OF DEATH (Month, Day, Yr.) OCTOBER 20, 2003	
4 #SOCIAL SECURITY NUMBER 407-94-3115	5a AGE—Last Birthday (Years) 41	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) OCTOBER 29, 1961	
7 BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA		8a WAS DECEDENT A U.S. VETERAN? NO			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 5620 CENTRAL AVE.		9c CITY, TOWN, OR LOCATION OF DEATH PORTAGE		9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) RICHARD COLVIN	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MANAGER		12b KIND OF BUSINESS/INDUSTRY GAS STATION	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN, OR LOCATION SCHERERVILLE		13d STREET AND NUMBER 1923 SIR RICHARD RD	
13e ZIP CODE 46375	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) WHITE	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 College (1-4 or 5+) _____		18 FATHER'S NAME (First, Middle, Last) AUBRY THOMAS UNDERWOOD			
19 MOTHER'S NAME (First, Middle, Maiden Surname) CORA MAE LARHAM		20a INFORMANT'S NAME (Type/Print) RICHARD COLVIN			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1923 SIR RICHARD RD SCHERERVILLE, IN 46375		20c Relationship HUSBAND			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) OCTOBER 25, 2003 MCCOOL CEMETERY		21c LOCATION—City or Town, State PORTAGE, INDIANA	
22a EMBALMER'S NAME MARC J. MOSQUEDA		22b EMBALMER'S LICENSE NO. FD08800240		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) FD01006861		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME 2828 HIGHWAY AVE. HIGHLAND, IN 46322 FH83003035	
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. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic G CANCER DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.					
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) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.					
29b SIGNATURE AND TITLE OF CERTIFIER 			29c MEDICAL LICENSE NO. 064750	29d DATE SIGNED (Month, Day, Year) October	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. G. JANO 929 RIDGE RD. MUNSTER, INDIANA 46321					
31 HEALTH OFFICER'S SIGNATURE Susan W. But... D.O.					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) FILED	34b TIME OF INJURY FILED	34c INJURY AT WORK? FILED	34d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) MAY 27 2004		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) STEPHEN R. STIGLICH HOLD FOR FIRST AMERICAN TITLE LAKE COUNTY AUDITOR 834337 002227			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no)			

SCHEDULE C

Commitment No: 834337

Legal Description:

LOT 64, SHERWOOD FOREST THIRD ADDITION TO THE TOWN OF SCHERERVILLE, AS SHOWN IN PLAT BOOK 41, PAGE 19, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
SHOWN IN PLAT BOOK 41 PAGE 19, IN LAKE COUNTY, INDIANA.

