

CM 620040948



STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 1519678

TYPE/PRINT IN PERMANENT BLACK INK

CF

NAME OF DECEDENT FOR USE BY PHYSICIAN OR INSTITUTION

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

MEDICAL EXAMINER

B-36 Rev. 4/96

1 DECEDENT'S NAME (First, Middle, Last) Jerome T. Jordan				2 SEX Male	3 DATE OF DEATH (Month, Day, Year) July 22, 2002
4a AGE - Last Birthday (Years) 70	4b UNDER 1 YEAR MONTHS: 0 DAYS: 0	4c UNDER 1 DAY HOURS: 0 MINUTES: 0	5 DATE OF BIRTH (Month, Day, Year) December 20, 1931	6 COUNTY OF DEATH Barry	
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) Pennock Hospital			7b IF HOSP OR INST. Inpatient, Op / Emer Room, DOA (Specify) DOA	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH Hastings	
8 SOCIAL SECURITY NUMBER 306-34-5134		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Auto Parts Dealer		9b KIND OF BUSINESS OR INDUSTRY Automotive	
10a CURRENT RESIDENCE - STATE Michigan	10b COUNTY Barry	10c LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP. OF Orangeville		10d STREET AND NUMBER 3729 England Drive	
10e ZIP CODE 49344	11 BIRTHPLACE (City and State or Foreign Country) Calumet City, Illinois	12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced	13 SURVIVING SPOUSE (If wife, give name before first married)	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro American, Arab, English, French, Finnish, etc. (Specify below) American		16 RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+) 12	
18 FATHER'S NAME (First, Middle, Last) Benjamin Jordan			19 MOTHER'S NAME (First, Middle, Surname before first married) Victoria (not known)		
20a INFORMANT'S NAME (Type/Print) Jane E. Mayer		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 320 Stone Ave. Lake Zurich, Illinois 60047			
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) Cremation		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Northwest Indiana Cremation Services		22b LOCATION - City or Village, State Crown Point, Indiana	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		24 LICENSE NUMBER (of Licensee) 5027	25 NAME AND ADDRESS OF FACILITY Lincoln Ridge Funeral Home, Inc. 7607 Lincoln Hwy. Crown Point, IN 46307		
26 PART I. Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, 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 Electrocution DUE TO (OR AS A CONSEQUENCE OF) b _____ DUE TO (OR AS A CONSEQUENCE OF) c _____ DUE TO (OR AS A CONSEQUENCE OF) d _____ PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Home		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes		31a (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated	
30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>[Signature]</i>		30b DATE SIGNED (Mo. Day, Yr.) July 22, 2002	30c TIME OF DEATH 11:00 A.M.	30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	31b DATE SIGNED (Mo. Day, Yr.) July 22, 2002
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) Dr. W. Van Seters 1009 W. Green St. Hastings, MI 49058		32b LICENSE NUMBER 007609	31c CASE NUMBER 529393		
33a ACC. SUICIDE, HOM. NATURAL OR PENDING INVEST. (Specify) accident		33b DATE OF INJURY (Mo. Day, Yr.) July 22, 2002	33c TIME OF INJURY 11:00 A.M.	33d DESCRIBE HOW INJURY OCCURRED electrocution	
33e INJURY AT WORK (Specify Yes or No) No		33f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		33g LOCATION - Street or RFD No. City, Village or Twp. State 3729 England Dr. Shelbyville MI	
34a REGISTRAR'S SIGNATURE <i>[Signature]</i>			34b DATE FILED (Month, Day, Year) July 24, 2002		

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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STEN R. STIGLICH LAKE COUNTY AUDITOR

STATE OF MICHIGAN) COUNTY OF BARRY)

I, DEBBIE S. SMITH, CLERK OF THE COUNTY OF BARRY AND OF THE CIRCUIT COURT, THE SAME BEING THE COURT OF RECORD HAVING A SEAL DO HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN MY OFFICE.

THIS 24th DAY OF July 2002 BY: *[Signature]* DEPUTY CLERK DEBBIE S. SMITH, COUNTY CLERK

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Handwritten initials/signature