| * ATTENTION ESTATE: The Social Security # i |
|---|
| being requested by this state agency in order t |
| pursue its statutory responsibility. Disclosure i |
| voluntary and there will be no penalty for refusal. |
| Local No Hald-OH |

INDIANA STATE DEPARTMENT OF HEALTH

| Local No 586004 | THE RECORDS IN THIS SEI | | ERTIFICA R IC 16-37-1-10 | IE OF DE | :AIH | KEV: | tate No # 16-27 | '-331- | | |
|-------------------------|--|--|--|--|---|---|---|--|--|--|
| TYPE/PRINT | | | | 2 SEX | | | 1 | 36 DATE OF DEATH (Month Day Yr) | | |
| IN | William W | | | Male | | OP M Jur | June 7, 2004 7. BIATHPLACE (City and State or Foreign Country) | | | |
| PERMANENT | 4. *SOCIAL SECURITY NUMBER 306-01-5570 | Sa AGE—Last Birthday (Years) | 55 UNDER 1 YEAR Months Days | Sc UNDER I D Hours Min | | E OF BIRTH (Ma. Day. | 1 | | or Foreign Country) | |
| BLACK INK | 8ª WAS DECEDENT | 86 YEAR LAST SERVED IN | | | | CE OF DEATH (Check | | ond, IN | | |
| | A U.S. VETERAN? | U.S. ARMED FORCES? | HOSPITAL Inpat | ient | OTHER X Nursing Home | | | | | |
| | No | None | ☐ ER/C | Outpatient DOA | | ☐ Resider | | | | |
| DECEDENT | 96 FACILITY NAME (if not institution, give street and number) Towne Centre Healthcare | | | | 9c. CITY TOWN OR LOCATION OF DEATH Merrillville | | | 9d COUNTY OF DEATH Lake | | |
| | 10. MARITAL STATUS (Specify) 11. SURVIVING SPOUSE (If wife, give marden name) 11. SURV | | | 128. DECEDENT'S done during in Laboi | NT'S USUAL OCCUPATION (Give kind of working most of working life. Do not use retired) | | | 12bl kmb of Business/Industry Stee1 | | |
| | 13a. RESIDENCE—STATE 13b. COUNTY | | 13c. CITY, TOWN, OR | | 13d. STREET AND NUMB | | | | | |
| | IN 136 ZIP CODE 13f. INSIDE CIT | Lake | Highla | | ::N7 [1 | 6. RACE—American Ir | armer Dr | | DUGATION | |
| | | WHAT COUNTRYS | 7 DX No 🗆 | Yes (If yes, specify Cuban | | ban, Black, White, etc. | | 17. DECEDENT'S EDUCATION Specify only highest grade completed) | | |
| | 46322 13g ON A FAR | Mexican, Puerto Rican, etc.) | | | White | | Elementary Secondary (0-12) College (1-4 or 5 +) | | | |
| PARENTS | 18 FATHER'S NAME (First Middle | | | 19 | | NAME (First Middle, M | | • > · | | |
| | William P. We: | | 200 4440 1946 | ADORES (State | | e Schneid or Rural Route Number. | |) | | |
| INFORMANT | Nancy Wilcox | FIRE | 1 | | | rillville | | I | alationship | |
| | 21a. METHOD OF DISPOSITION | ☐ Entombment | 21b. DATE AND PLACE | | | | | N-City or Town, S | ughter | |
| | ☐ Cremation | Removal from State | other place) | June 11 | | | | | | |
| | ☐ Donetion ☐ Other (Speci | fy) | Assump | tion Ceme | etery | | Gle | nwood,IL | | |
| DISPOSITION | 22a. EMBALMER'S NAME. | | 226 EMBALMER'S | | S | 1 | REPORTED TO COR | NER? | | |
| | James Porras | | 10459 | | | ₹ No | | | · . | |
| | 246. SICNATURE OF FUNERAL DIRECTOR 246. LICENSE NUMBER 25. NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (of Licensee) Runns Kish Fringer 1 "Homo #8800135 | | | | | | | | | |
| | Burns-Kish Funeral Home#8800135 8601763 921 W. 45th Griffith, IN 46319 | | | | | | | | | |
| CAUSE OF DEATH | | DUE TO (C | PRAS A CONSEQUENCE OF AS A CONSEQUENCE | E OF) | raer | SEP 2 STEPHEN | E D 4 2004 R. STIGLIO | PROGRAMA TO THE COLUMN TO THE | Approximate Interval Between Onset and Death | |
| | PART II Other significant conditions | d .5.3 s - Conditions contributing to death b | out not previously stated in | | AS DECEDE | AKE COU | AS AN AUTOPSY | OR 286 WERE AUTO | OPSY FINDINGS | |
| Bankers Title #32004 | | | TUTTER | P | PREGNANT C POSTPARTUN Yes or no) | R 90 DAYS PE | REORMED? les prino) | AVAILABLE | PRIOR TO ON OF CAUSE | |
| \$ % | 29a CERTIFIER XXC | ERTIFYING PHYSICIAN To the be | est of my knowledge, dea | th occurred at the tim | ne, date, and p | lace, and due to the call | ise(s) as stated | _ <u> </u> | | |
| an Ban | (Check only one) | EALTH OFFICER On the basis of e | examination and/or invest | igation, in my opinion | L death occurr | red at the time, date, and | f place, and due to the | cause(s) as stated | | |
| +1) | | | tion and/or investigation. | in my opini <mark>on, d</mark> eath o | occurred at th | e time, date, and place. | and due to the cause(| and manner as state | ed . | |
| ERTIFIER | 296 SIGNATURE AND TITLE OF C | CERTIFIER | E SEAL | | | 296. MEDICAL LIC | | June | D (Month, Day, Year) , 2004 | |
| | 30 NAME AND ADDRESS OF PER R. Shah, M.D. | | The state of the s | 111 | 10/TN | | 1 | | | |
| - A | 31 HEALTH OFFICER'S SIGNATUR | | I FIACE ME | errillvil | ie, in | 40410 | | 32 DATE FILED | Month Day, Year) | |
| FFICER | Section |) King | L D.O. | | . 40 | garaya () ayin da i danga sa ayan sa da ayan da ayan ayan ayan ayan ayan ay | THE ABOVE IS | TRUEWED | 1 200 | |
| Ī | 33 MANNER OF DEATH | 34e DATE OF INJURY | | 34c INJURY | AT WORK? | OMA IDESCA | SE HOW WITH DE | EUÁREO V | 1 , 0,000 | |
| | п п- | (Month, Day, Year | YRULNI (| (Yes or | no) | EATH ON FUE | (Al) H CHIC CHAIN | 1 | | |
| | Natural Pending Investigation Accident | | | | Į. | | (| | | |
| | Suicide Could not be Determined | 34e PLACE OF INJUR building, etc (Spec | RYAt home, farm, street cify) | t, factory, office | 34 | LOCATION (Street a | Number of Rural Re | gle Number, City or | Town. State) | |
| ŀ | 34g DATE PRONOUNCED DEAD (| (Month Day, Year) 34h MOTOS | R VEHICLE ACCIDENT? | (Yes or no) # we- | specify drive | COLUMN TO THE TAXABLE PROPERTY OF THE PARTY | | · Landa Caranta Carant | Q V K | |
| | | 344 11010 | TENOCE MODIEM | 1.34 or 1.37 H y##; | | . passonyor. pedestrum | 003(| JUL | 2 A | |
| إ | 201100 004 0 1 5 | 10110 (5-1) | | | | | | | on to | |
| 5 | SDH06-004 State Form 1 | 10110 (R5/1-99) | | | | | | | - , A | |