

CC'D
* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

Local No. 2569-04

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

Un: # 04
Key # 5-53-21
At NE SE S. 27 T. 33 R. 8
& Pt W 1/2 SW 1/4 26 T. 33 R. 8

1. DECEASED - NAME (First, Middle, Last) Jason W. Cope		2. SEX Male	3a. TIME OF DEATH 10:36 AM	3b. DATE OF DEATH (Month, Day, Yr.) October 22, 2004			
4. * SOCIAL SECURITY NUMBER 309-88-0815	5a. AGE - Last Birthday (Years) 39	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) February 04, 1965	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? —	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) 18608 Mississippi Street		9c. CITY, TOWN, OR LOCATION OF DEATH Hebron		9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Alice Hunt	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) High School Teacher		12b. KIND OF BUSINESS/INDUSTRY Portage High School			
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hebron		13d. STREET AND NUMBER 18608 Mississippi		
13e. ZIP CODE 46341	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? USA	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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5+	
18. FATHER'S NAME (First, Middle, Last) Bill Cope			19. MOTHER'S NAME (First, Middle, Maiden Surname) Sally J. Brewer				
20a. INFORMANT'S NAME (Type/Print) Alice Cope		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 18608 Mississippi, Hebron, IN 46341			20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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 27, 2004 NW Indiana Cremation Service		21c. LOCATION - City or Town, State Crown Point, Indiana			
22a. EMBALMER'S NAME James F. Burns		22b. EMBALMER'S LICENSE NO. 01009461		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>		24b. LICENSE NUMBER (of Licensee) FD01009461		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342-			
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) Gunshot wound to the mouth DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____ Conditions, if any, which gave rise to the immediate cause stating the underlying cause last		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Unknown		FILED JAN 21 2005 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a. CERTIFIER (Check only one) <input 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 checked="" 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. Chief Deputy		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Jeffrey R. Wells</i> Chief Deputy		29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) October 25, 2004	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307		31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</i>		32. DATE FILED (Month, Day, Year) October 25, 2004			
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 checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) Oct 22, 2004	34b. TIME OF INJURY Unknown	34c. INJURY AT WORK? (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED Gunshot wound		
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Wooded Area North of Residence		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 18608 Mississippi Street Hebron, Indiana					
34g. DATE PRONOUNCED DEAD (Month, Day, Year) October 22, 2004		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. No		001057 900 OS DS			