SDH06-004 State Form 10110 (R5/1-99)

INDIANA STATE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH**

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEFARMENT

* ATTENTION E	STATE: The Socia	Security # is	505071RT						THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE		
pursue its statut	by this state agen	cy in order to	INDIANA STATE DEPARTMENT OF HEALTH						HAMMOND HEALTH OF THE WITH THE		
voluntary and the	ere will be no penal	y for refusal.						Dec 28,2		Janary m.	
Local No		1 TIIO OFFICE		CERTIFICA	I E OF D	EAIH	;	State ivo.	ued Hammond He	esith Commissioner	
Resubent			ARE CONFIDENTIAL PI	ER IC 16-37-1-10							
TYPE/PRINT IN		WE WILL MIGGIE,	WEBSTER	A. STA	RK	2 SEX Mal		of Death Oam,			
PERMANENT	4. *SOCIAL SECURI	TY NUMBER	5a AGE—Last Birthday (Years)	56 UNDER 1 YEAR		DAY 6. DATE OF BIRTH (Mo. Day, Yr)			7. BIRTHPLACE (City and State or Foreign Country)		
BLACK INK	338-07		92	Months Days Hours			r. 21,19	1			
1	8a. WAS DECEDEN' A US VETERAN		YEAR LAST SERVED IN JS. ARMED FORCES?		9e PLACE OF DEATH (Check only one See instructions)						
	No		N/A		tient Outpatient 🔲 DO		OTHER Nursin	Nursing Home Other (Specify)			
DECEDENT	96. FACILITY NAME			I Env			/N. OR LOCATION OF I		9d COUNTY OF DEATH		
		Osbori				Hammond			C Lake		
	10. MARTAL STATE (Specify) Widowed	JS 11. §	SURVIVING SPOUSE f wife, give maiden name) N A		12a. DECEDENT'S USUAL done during most of w		L OCCUPATION (Give kind of work vorking life. Do not use retired) Tin Mill Pro		12b. KIND OF BUSINESS/INDUSTRY		
	13a. RESIDENCE-STATE 13b.		N / A	13c CITY TOWN OR	Uperation -						
			Lake	Hammond			13d. STREET				
	13e ZIP CODE 13F	INSIDE CITY LIMI	TS 14 CITIZEN OF	15. WAS DECEDENT OF HISPANIC OF		GIN7	7021 16. RACE—American li	USDO Iduan	born DECEDENT'S EDUCATION		
	1300	ON A FARM?	WHAT COUNTRY	7 XO No D N Mexican, Puerto R		cify Cuban.	Black, White, etc. (Specify)		Specify only highest	grade completed)	
	46323 13g ON A FARM?		USA			j	White	Elemi	entary/Secondary (0-12)	College (1-4 or 5 +)	
PARENTS	18. FATHER'S NAME		····	1	9. MOTHER	S NAME (First Middle, I	Aaiden Surname				
		·					thel A. Goldtrap				
INFORMANT	20a. INFORMANT'S NAME (Type/Print) Phillip Stark 20b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip Code) 5121 Thrush Dr., Indianapolis, IN Son										
	21a. METHOD OF DIS			21h DATE AND BLACE	THERESTION	Dr.	, Indiana			Son	
DISPOSITION			emovel from State	other place)	DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 27 . 2004.				21c. LOCATION—City or Town. State		
	□ Cremetion □ Removel from State □ Donebon □ Other (Specify) □ Memory Lane Memorial Park □ Sehererville: IN										
	22a. EMBALMER'S NA			226. EMBALMER'S LICENSE NO. 23. WAS DEATH REPORTED TO CORONER?							
	Jose G. Corona FD08601373 In No. XXVIII FH8300280 246. SIGNATURE OF BUNERAL DIRECTOR PLANE ADDRESS AND LICENSE NUMBER OF FUNERAL DIRECTOR PLANE ADDRESS AND LICENSE NUMBER DIRECTOR PLANE ADDRESS AND LICENSE P								3002801		
		ONENAL DIRECTO	NU		DENSE NUMBER of Licensee)	A] 25	NAME ADDRESS AN	D LICENSE NU	IMBER OF FUNERAL HOLD	ME -	
1	10	a M	witton	ıment i s	0010135	97e T	7042 Keni	nedy I	Āve., Han	mond, IN	
	25 PART L Enti	er the diseases, injur	ed the death. Do not enter nonspecific terms, such as carrier or recovery						<u> </u>		
	BITTE	st, shock, or heart fa	nure. List only one cause on	each line.						Approximate Interval Between	
	IMMEDIATE CAUSE (Fi	nal	. Aortic Stenosis				4 7		Onset and Death		
	resulting in death)		b	R AS A CONSEQ <mark>UENCE</mark>	OF)-						
	Conditions, if any, which rise to the immediate cau		DUE TO (OR AS A CONSEQUENCE OF):								
	stating the underlying cause last		DUE TO (OF	AS A CONSEQUENCE	OF):		JUN - 1	2005			
			d.				0011				
	PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. 27. WAS DECEMENT - 1286, WAS AN AUTORSY OF 286, WERE AUTORSY FINDINGS										
	PREGNAUTANCE GOUNTEROMADUTOR AVAILABLE PRIOR TO								. Friion To		
CERTIFIER	Alzhe	lmers D	(Yes or no)				OF DEATH? (Yes or no)				
	29a CERTIFIER (Check only CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated										
	(Check only one)	HEALTH C	OFFICER On the basis of ex	amination and/or investigi	ation, in my opinion.	death occurre	ed at the time, date, and r	His) as stated.	the cause(s) as stated		
		LI CORONER	On the basis of examination	on and/or investigation, in	my opinion, death o	ccurred at the	time, date, and place, an	d due to the car	use(s) and manner as state	ed.	
	96 SIGNATURE AND TITLE OF CERTIFIER			E SEAL ST			29c. MEDICAL LICENSE NO			29d DATE SIGNED (Month. Day, Year)	
	NAME AND ADDRES	OF DEBEON WA		MDIAN	Ami	_/_/	01027	468	12/21/	64	
1	George	T. As	o COMPLETED CAUSE OF	DEATH (ITEM 26) (Type		20/17	0.00110			0.1.0	
HEALTH 5	HEALTH OFFICERS			X X	Clin	IC AV	enue, Gr	1111t	h, IN 46		
OFFICER				\P'_\P'_	IMAN	E 1	ue 10		32 DATE FILED (M	Ionth, Day, Year)	
3	3 MANNER OF DEATH		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF	li i			HOW INJURY OCCURRED			
l	☐ Netural / ☐ Pending		CHOICE Day, Tear)	INJURY	INJURY (Yes or no.				7-1		
	Investigation Accident		34e PLACE OF INJURY—At home form			1201/201/201/201/201/201/201/201/201/201			7		
		ould not be termined	34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f LOCATION (Street and Number or Rural Route Number, City or Town, State)				own, State)	
<u> </u>	4g DATE PRONOUNCE	D DEAD (44			· · · · · · · · · · · · · · · · · · ·				00000	<i>r</i> 17	
3		- DEAD (MONTH, Da	x rean 34h MOTOR V	EHICLE ACCIDENT? (Y	es or no) If yes, sp	pecify driver,	passanger, pedestræn, et	c	UU1138		