

505071RT

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Dec 28, 2004 Date Issued Hammond Health Commissioner

Local No. 850

Resubmit TYPE/PRINT IN PERMANENT BLACK INK

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

Form with fields for DECEASED NAME (WEBSTER A. STARK), SEX (Male), TIME OF DEATH (8:50am), DATE OF DEATH (December 21, 2004), SOCIAL SECURITY NUMBER (338-07-1306), AGE (92), DATE OF BIRTH (Apr. 21, 1912), BIRTHPLACE (Whiteheath, IL), FACILITY NAME (7021 Osborn), MARRITAL STATUS (Widowed), SURVIVING SPOUSE (N/A), DECEASED'S USUAL OCCUPATION (Operator Tin Mill Prod.), RESIDENCE (Indiana, Lake, Hammond), FATHER'S NAME (Herbert A. Stark), MOTHER'S NAME (Ethel A. Goldtrap), INFORMANT (Phillip Stark), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (December 27, 2004, Memory Lane Memorial Park), EMBALMER'S NAME (Jose G. Corona), SIGNATURE OF FUNERAL DIRECTOR, CAUSE OF DEATH (Aortic Stenosis), PART II (Alzheimers Dementia), CERTIFIER (Certifying Physician), SIGNATURE AND TITLE OF CERTIFIER, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (George T. Asteris, M.D.), HEALTH OFFICER'S SIGNATURE, MANNER OF DEATH, DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEDENT

PARENTS

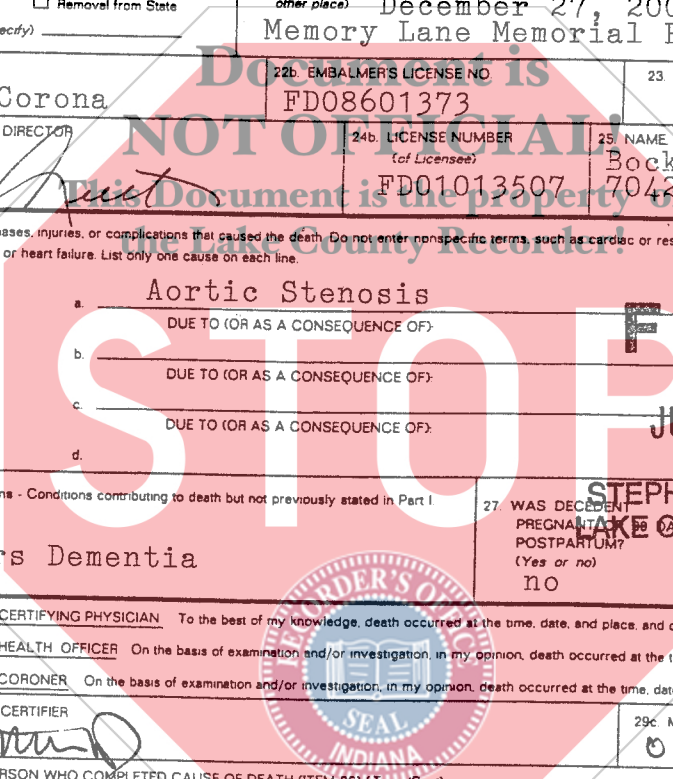
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED JUN - 1 2005

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

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