This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

## PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

1	THE RECOR	DS IN THIS SE	ERIES ARF	CONFIDENTIAL PE	RIG 16-3/-1-10				SUPP					
or (DDINE)	1 DECEASED—N	CHECKS THE RESIDENCE OF THE PARTY OF THE PAR	Designation and the last				2. SEX		3a. TIME OF DEA	1	DATE OF DEA			
E/PRINT   IN	Michae		-	ners			Male		10:05P		March (		2002 or Foreign Country)	
RMANENT	4. *SOCIAL SECU		5a.	AGE-Last Sirthday	56. UNDER 1 YEAR		H 1 DAY 6. D Minutes	DATE OF BIRT	H (Mo. Day. Yr)	7. BIRT	THPLACE (City )	and State	or Foreign Country)	
ACK INK	311-62	-7016	ļ	(Yoers) 45	Months Days	Hours	L F		, 1956		ry, IN			
	8a. WAS DECEDE	NT'		LAST SERVED IN			9a. P		ATH (Check only or					
				MED FORCES? HOSPITAL Inpatient				OTHER: Nursing Home			Other (Specify)			
	No N/A				☐ ER/Outpatient ☐ DOA			Residence			d. COUNTY OF DEATH			
ECEDENT	9b. FACILITY NAME (if not institution, give street and number)					1			0.7.2.3.7.1.0.1.0.1					
	Porter Memorial Hospital								raiso			Porter		
	10. MARITAL STATUS 11. SURVIVING SPOUSE (Specify) 11. SURVIVING SPOUSE (If wife, give maiden name			IVING SPOUSE		ENT'S USUAL ( uring most of wo	T'S USUAL OCCUPATION (Give kind of work g most of working life. Do not use retired)		l l	12b. KIND OF BUSINESS/INDUSTRY				
				ancy Johnson			SR. Technical S				<u>Industrial</u>			
	13a. RESIDENCE—STATE 13b. COUR			· •			1			TREET AND NUMBER				
	IN		Po:	rter	Valpara				1505 Be	ech				
	13e. ZIP CODE	13f. INSIDE CIT	Y LIMITS	14 CITIZEN OF	15. WAS DECEDENT	OF HISPANIC	ORIGIN?		16. RACE—American Indian. Black, White, etc		17. DECE	DENT'S	EDUCATION	
PARENTS		□ No [2	Yes WHAT COUNTRY?		IX No ☐ Yes (If y Mexican, Puerto Rican, etc.)		s, specify Cuban,		Specify)		17. DECERENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary to-2) College (1-4 or 5 *			
	13g. ON A FARM?								White		12 College (1.4 of 5.			
	46383	Ø No E		U.S.A.	<u> </u>		ID MOTH			Surnama		S		
	18. FATHER'S NAME (First Middle, Last)					19. MOTHERS NAME (First, Middle, Maiden St. Sally Henderson								
	Joseph Rogers  202 INFORMANTS NAME (Type/Prot)  204 MAILING ADDRESS (Stre								nderson	. Taura Ct	eta Zin Cada)		Ralationship	
TAAMAC	20a. INFORMANT		(Print)	•						v 460		-4	ife	
	Nancy	Rogers					St.,	and the same of the same of		-		-		
	21a. METHOD OF	DISPOSITION	☐ Entorn	rbment	216. DATE AND PLACE				matory, or	21c. LOC	CATION—City of	LOWN.	State	
DISPOSITION	☐ Bursi ☐ Cremation ☐ Remov						rch 11, 2002							
	Donation	Other (Spec	rfy)		O O		Cremat				lparais	<b>(</b>	IN	
	223 Eliida Eliida					S LICENSE NO		23. V	VAS DEATH REPO		CORONER			
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	<u> W</u>	م ت	1. 1	This D	ocumen	(of Licensee)	0044010				Valpara	iso	,IN 46383	
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