eing requested ursue its statuto oluntary and the .ocal No.	by this state agency in o ony responsibility. Disclosere will be no penalty or re	efusal 620	STATE DEPARTM 056-307M CERTIFICATE OF		ALTH State No	
		S SERIES ARE CONFIDENTIAL	PER IC 16-37-1-10	2. SEX 3a	. TIME OF DEATH 3b. DAT	E OF DEATH (Month, Day, Yr.)
/PE/PRINT	Joseph W. Harris	a, Modic, Edity				21, 2004
IN	4. *SOCIAL SECURITY NUMBER		5b. UNDER 1 YEAR : 5c. UNDER 1 DA		Day, Yr) 7. BIRTHPL	CE (City and State or Foreign Country)
ERMANENT	547-34-6685	(Years) 81	Months Days Hours Min	November 02,	1922 Elmo, M	fissouri
SLACK INK	8a. WAS DECEDENT	86 YEAR LAST SERVED IN		9a. PLACE OF DEATH (Ch	eck only one. See instructions.)	<u> </u>
	A U.S. VETERAN?	U.S. ARMED FORCES?	IQSPITAL: Inpatient	OTHER: X	Nursing Home Other (Sp.	ecify.
	No	<u> </u>	ER/Outpatient	DOA	Residence	<u> </u>
ECEDENT	9b. FACILITY NAME (If not institution, give street and number) Regency Place 10. MARITAL STATUS 11. SURVIVING SPOUSE 12. DECEDENT'S USUAL OCCUPATION (Give kind of work) 12. KIND OF SUSMESS/INDUSTRY					
C						
	(Specify)	(If wife, give maiden name)	done d	one during most of working life. Do not use retired)		
™.	Married 13a RESIDENCE-STATE	Alberta Wilkinson	Switchr 13c. CITY, TOWN, OR LOCATION		STREET AND NUMBER	od =
42	Indiana	Lake	Hammond		2 Alexander Avenue	. N
	13e. ZIP CODE 13f. INSIDE C		15. WAS DECEDENT OF HISPANIC		American Indian,	17. DECEDENT'S EDUCATION
<u>.</u>	□ No		? X No Yes (If yes, s Mexican, Puerto Rican, etc.)	pecify Cuban, Black, Specif	White, etc.	(Spectory highest grade completed)
<u> </u>	13g. ON A F	ARM?	Western, Court House, Closy	1		tary/Secondary (0-12) College (1-4 or 5+)
Š)	46323 X No	∵yes U.S.A.		Caucas	ian	12
RENTS	18. FATHER'S NAME (First, Middle, Last) 19. MOTHER'S NAME (First, Middle, Maiden Surname)					
ঠ	Frank Harris Unknown					
1FORMANT	20a. INFORMANT'S NAME (Ty	pe/Print)	i		Number, City or Town, State. Zip	
	Alberta Harris			enue Hammond, Lal		wife TI-
	21a. METHOD OF DISPOSITIO		other place) May 26, 20		ory, or 21c. LOCATIO	N-City of Town, State
	X Bunal Cremation Donation Other (Sp.		Chapel Lawn Memoria		Scherevil	le, Indhana
MOITIPODPI	22a. EMBALMER'S NAME	ecity)	22b. EMBALMER'S LICENSE NO		DEATH REPORTED TO CORON	
131 03111011			Documen	nt is	Õ,	
	Zalo Wilson 24a. SIGNATURE OF FUNERA		FDO8800062	X N	NESS, AND LICENSE NUMBER (E ELINEDA MONE
		TIFIES THE 48 EVE IS A TRUE TO THE COMPANY OF THE TENDER OF THE COMPANY OF THE CO		i .	wn Fun'l Home,	Approximate Interval Between
:. CAUSE OF DEATH	IMMEDIA E CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave	b. DUE	TO OR AS A CONSEQUENCE OF TO OR AS A CONSEQUENCE OF MILES	he from	Dery)	Onset and Death JEUP
	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond	d.	TO (OR AS A CONSEQUENCE O	F): 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM?	28a. WAS AN AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	,	Dime	1.1-	(Yes or No)	1	OF DEATH? (Yes or No)
₩	200 CERTIEFER	CEPTIEVING BUVGICIANI TO	he hest of my knowledge, death accurred at	NO	No No	No
	29a. CERTIFIER 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 HEALTH OFFICER On the basis of examination and/or investigation, in try opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.					
			xamination and/or investigation, in my opinio	n, death occurred at the time, date	e, and place, and due to the cause	(s) and manner as stated.
CERTIFIER	1	OF CERTIFIER COMPLETED CAUSE	OFDEATH (ITEM 26) (Type/Print)	25	DE MEDICAL LICENSE NO.	29d. DATE SIGNED (Monthy Day, Year)
्र	, 10/10	21 MM F. J	1 HOURT	C. B.	/	
JEALTH ST	31. HEALTH OFFICER'S SIGI	NATURE	er u Digge	Ď.O.		32. DATE FILED (Month, Day, Year)
. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	33. MANNER OF DEATH	' 34a. DATE OF INJURY (Month, Day, Yea		URY AT WORK 34d. D	ESCRIBE HOW INJURY OCCUR	RED (
Hammo except	Natural Per	nding			-	
る主なり	1 :	estigation		F 1 1	.ED	
Page A	Accident		IV At home form attent to a second			lumber, City or Town, State)
0364-0032 a 1st Add Hamond Block B excepts. St of Vac 196 th	Suicide Cou	uld not be 34e. PLACE OF INJUF ermined building, etc. (Spe	tYAt home, farm, street, factory, office cify)		3 2005	TP
5 8 8 3	34g. DATE PRONOUNCED	DEAC(Month, Day, Year) 34h. M	OTOR VEHICLE ACCIDENT (Yes or no)	I Ves STIETHENIA	ESTIGLICH	cT
20 A		Form 10110-06 (R4/3-93) Dea	athcer/PD 1		~~~~©BITOPI	09860

ATTENTION ESTATE: The Social Security # is

No: 620056307

LEGAL DESCRIPTION

Lot 32, except the South 25 feet thereof, and the South 30 feet of the vacated portion of 176th Street, lying North of and adjacent to said Lot 32, in Block 8, in Roxana First Addition to Hammond, as per plat thereof, recorded in Plat Book 20 page 24, in the Office of the Recorder of Lake County, Indiana..



LEGAL 6/98 SB