* ATTENTION Es	STATE: The Social Security	# is				COMPLETE COPY OF DEATH	ON FILE WITH THE	
pursue its staket	by this state agency in order ory responsibility. Disclosur re will be no penalty for refut	is INDIANA	STATE DEF	ARTMENT (OF HEALTH	HAMMOND HEALTH DEPARTA	MENT.	
Local No	(a(a)	odi.	CERTIFICA	TE OF DEAT	الله الله	Date Issued Hammond He	Lune ME	
LOCALIVO	THE RECORDS IN THIS SI	ERIES ARE CONFIDENTIAL I		IL OI DEAT	26.36	Date Issued Hammond He	eith Commissioner	
TYPE/PRINT			PER IC 10-37-1-10	2. SEX		0992.00	4/	
IN	Thomas		onovan	Maj			•	
PERMANENT	4. *SOCIAL SECURITY NUMBER		y 56 UNDER 1 YEAR		S. DATE OF BIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City and State	9, 2005	
BLACK INK	37.6-54-8660	57	Months Days	Hours Minutes July 11, 19		, and the state of		
	8ª WAS DECEDENT A U.S. VETERAN?	86. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a	PLACE OF DEATH (Check poly			
	No	N/A	N/A HOSPITAL IX Inp			□ Nursing Home □ Other (Specify)		
	9b. FACILITY NAME (If not institution, give street and number)		☐ ER/Outpabent ☐ DOA 9c. CITY TOWN OR		Residence TOWN, OR LOCATION OF DEATH			
DECEDENT	St. Margaret Mercy Hospita		91	1 HAMMO				
	10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE	SURVIVING SPOUSE		LOCCUPATION (Give kind of wor working life, Do not use retired)	Give land of work 12b. KIND OF BUSINESS/INDUSTRY		
	Never Married	W wife, give meiden name) N/A		Janitor	vorking life. Do not use retired)	_	School City	
	134 RESIDENCE-STATE	136. COUNTY	13c. CITY, TOWN, OR		13d. STREET AND N	School City		
	IN	Lake	Hammond		Į.	7036 Baring Ave.		
	13a. ZIP CODE 13f. INSIDE CIT	Y LIMITS 14 CITIZEN OF WHAT COUNTR	15. WAS DECEDENT	OF HISPANIC ORIGIN?	16. RACE—American Indian.	17. DECEDENT'S EDUCATION		
	46324 13g. ON A FAR		Mexican, Puerto F		in. Black, White, etc. (Specify)	(Specify only highest gr	(Specify only highest grade completed)	
	30 No C	TTCA	1		White	Elementary/Secondary (0-12)	College (1-4 or 5 +)	
PARENTS	18. FATHER'S NAME (First Middle	Lest		19. MOT/	HER'S NAME (First Middle, Maiden	<u>L</u>		
	Edward Donovan Margaret D							
INFORMANT	20a. INFORMANT'S NAME (Type/	Printi	20b. MAILING		ober or Rural Route Number, City or	Town, State, Zip Code) 20c. Re	lationship	
	Richard Donov		1830	Oliver St. V	Whiting, IN 46	204	other	
DISPOSITION	21s. METHOD OF DISPOSITION	Entombment	21h. DATE AND PLACE	OF DISPOSITION (Name of		21c. LOCATION—City or Town, St		
	Bunel K Cremation	Removal from State		October 13,				
	Regional Cremation Munster TM							
	22b. EMBALMER'S LICENSE NO. 23. WAS DEATH REPORTED TO CORONER?							
	NONE LE NO LI VES							
	245. COLLICENSE NUMBER ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME BURNS-Kish Funeral Home #3002819							
CAUSE OF DEATH	Dera 1	Dur	12/	601763	5840 Hohman A	ve. Hammond, I	N 46320	
	26. PART 1 Enter the disease	This Do	Himent 18	the prope			.N 40320	
	26. PART L Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, successed, or heart failure. List only one cause on each line.				cardiac or respiratory	0.0	Approximate Interval Between	
	IMMEDIATE CAUSE (Final	1 lene is	^			Onset and Death		
	disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF				·	
	Conditions, if any, which gave	b. July 10						
	nse to the exemptiate cause.	1	RAS A CONSEQUENCE OF:			<u> </u>		
	stating the underlying, cause last	OR AS A CONSEQUENCE						
		q 60.22	isle cua			ο ·		
	PART II. Other significant conditions	Conditions contributing to death b	et not previously stated in i	Part I. 27, WAS DECE	EDENT 28a. WAS AN			
		D? AVAILABLE PRIOR TO						
		TUM? (Yes or no)	COMPLETION OF CAUSE OF DEATH? (Yes or no)					
			CONTRACT R	No No	No	NO		
2	9a. CERTIFIER CF	TIFYING PHYSICIAN To the be	est of my knowledge, death	occurred at the time, date, an	d place, and due to the cause(s) as	mited.	·— 	
CERTIFIER	one) Li MEA	NATH OFFICER On the basis of a	Kemination and/or investiga	tion, in my opinion, death occ	curred at the time, date, and place, an	d due to the caused) as stated		
	96 SIGNATURE AND TITLE OF CE	RUFFER	on and/or investigation, in	my opinion, death occurred at		othe cause(s) and manner ex-stated.		
	296. MEDICAL LICENSE NO 296-DATE SIGNED MADE							
	NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE O	F DEATH STEM DEATH	ALA ILLI	01025665	(October)	مير	
	DR. Beau	equo 84	00 0	Eman Bec	TE. Daning	nh ha UK	201	
IEALTH 3	1. HEALTH OFFICER'S SIGNATURE	J X				32: DATE FILED UNG		
OFFICER		()		caroe M	<i>∓₀</i> I L ⊑ ∣	6.2 to ber 11		
3:	HTASO FO FSMAM .C	34 DATE OF INJURY	34b. TIME OF	34c INJUJY AT WORK	7 34d. DESCRIBE HOW II		11	
1		(Month, Day, Year)	INJURY	(Yes or no)	MAR 2 2 200		16 1, 1	
1	Natural Pending		1	1			3/2	
1	Accident Succide Could not be	34n PLACE OF INJURY	-At home, farm, street, fa	n. street, factory, office PEGGXTHOLINGALKATONA tumber, City or Town Title)				
1	Sucode Could not be Determined 34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) AKE COUNTY AUDITOR AXX							
 	·						۲۸۲	
34	g DATE PRONOUNCED DEAD (Mo	vion Day, Year) 34h MOTOR 1	VEHICLE ACCIDENT? (Y	s or no.). If yes, specify driv	rer, passenger, pedestrien, etc.	-	<u> </u>	

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

Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

Document is

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

This Document is the property of

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant