					and the control of the same of the second	. A. William	الله في المرافق عليات الواقع الديد في	i ya kana da wa ka w Walio wa ka wa	e de la composition	Little of the control	l do nativ	A Section works. 1	
* ATTENTION EST being requested by pursue its statutor voluntary and there	y this state ag y responsibilit will be no per	ency in order y. Disclosure alty for refuse	tis to is al.	INDIANA S									
Local No	2017	-97		C	ERTIFICAT	TE OF [DEATH	4	State I	No	• • • • •		
101693	THE RECOR	RDS IN THIS SE	RIES AF	RE CONFIDENTIAL PE	R IC 16-1-19-3								
TYPE/PRINT	1. DECEASED—NAME (First, Middle, Last))			2. SEX		3a. TIME OF DEAT		3b. DATE OF DEATH (Manife Day, Yr)		
IN	HENRY		FRANCTS Se. AGE—Last Birthday			ROVIC	MAI		7:40 A. M		OCTOBER 23, 1997 BIRTHPLACE (City and State or Foreign Country)		
ERMANENT	4. *SOCIAL SECURITY NUMBE		(Years)_		5b. UNDER 1 YEAR Months Days	Hours	Moure			Bentleyville, PA			
BLACK INK	Be. WAS DECEDENT		78		<u> </u>		February 28,191				AATTT	.е, га	
. ^	A U.S. VETERAN?		U.S. ARMED FORCES?		HOSPITAL: XD Inputient		OTHER: Nursing Home		Other (Specify)				
7	Yes		1946		□ ER/	Outpatient 🔲			Residence				
DECEDENT	9b. FACILITY NAME (If not institution, give street and number)					9c. CITY, TOWN, OR LOCATION OF DEATH			9d. COUNTY OF DEATH				
DECEDENT	THE COMMUNITY HOSPITAL						MUNSTER			LAKE			
	10. MARITAL STATUS (Specify)		11. SURVIVING SPOUSE (If wife, give maden name)					UAL OCCUPATION (Give kind of work of working life, Do not use retired)					
	Married 134 RESIDENCE—STATE		Mary E. Milo		SEVICII 13c. CITY, TOWN, OR		upervisor		13d. STREET AND NU		Automotive		
	Indiana		Lake		Highla				3143 Gari				
			TY LIMITS 14. CITIZEN OF		15. WAS DECEDENT		ORIGIN7	16. RA	CE-American Indian.	17. DECEDENT'S EDUCATION			
	□ No 4		Yes WHAT COUNTRY		? ▲ No □ Mexican, Puerto		вресіfy Cuba		ck, White, etc.		(Specify only highest grade completementary/Secondary (0-12) College (
	46322 13g, ON A FAR		I USA		INDUITABLE TOURIST	THE STATE OF THE S			hite	Clemental y/Jeconus	19 (0-12)	College (1-4 or 5 +)	
_	18. FATHER'S NAME (First Middle, Last)				19. MOTHER'S NAME (First, Middle, A					urname)			
PARENTS	Charles James Hmurovic Mary Theresa Berchin												
INFORMANT	20s. INFORMANT'S NAME (Type/Print) 20b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip Code) 20c. Reletionship												
	Mary Hmurovic				3143 Garfield; Highland, Indiana 46322 Wife								
	21s. METHOD O	F DISPOSITION	☐ Ent	ombment	21b. DATE AND PLACE OF DISPOSITION (Name of cometery, cremetory, or other place) October 27, 1997								
	Buriel Cremation Removal from State				Calumet Park Cemetery					Merr il lville, IN			
			"yı		22b. EMBALMER'S LICENSE NO. 23. WAS DEATH REPO								
DISPOSITION	220 EMBALMER EC	isname Iward Mu	ı11aı	nev	4 FD0100	7176	it 1s		X No □ Ye				
(71)		E OF FUNERAL D			24b.	LICENSE NUME	ER /	25. NAN	E. ADDRESS, AND LICE	NSE NUMBER OF FU	INERAL HO	ME	
				NU		(of Licensee)	115 A	Fage	en-Miller	Funeral	omes	FH83003035	
	12828 Highway Avenue: Highland, IN 4632												
	28. PARTICES III. SUVETO A INDUMENTAL THE AND THE CONTROL OF THE C												
0	I DEATH OF	A FILE AND D	ETAKE	his little has one canse o	n each line: COU	inty R	0			0	_	Interval Between Onset and Death	
7	IMMEDIATE CAU	SÉ (Final		·	eaden	<u> </u>	rpar	Kly	n .	C.	<u>, —</u>		
CAUSE OF	disease or conditi resulting in death)		100	7 Carr	OR AS A CONSEQUEN	Kero	sel	ew.	er				
DEATH	Conditions, if any.		100	DUE TO (OR AS A CONSEQUEN	CE OF):							
	stating the underlying O O B DUE TO (OR AS A CONSEQUENCE OF):												
8 - L	couse lant												
უ ⊆ `	- (X/OD)(M/V2									SWEDE ALL	TOPSY FINDINGS		
	l' '	•	4:				PREGNA	ANT OR 90	DAYS PERFORM	i£Þ? <u>}</u>	AVAILABE	E PRIÓN TO ON OF CAUSE	
% E		are je	/	, should	(Ves or on)				(Yes or no	OF DEATHI (Yes O no)			
~ ~ _	122			7 ferrlu		R'S			No			MC NO	
~ ==	29s. CERTIFIER (Check only	-	CENTIFYING PRISIDING TO the Dest of my kindledge, deem decorate at the said, and head, and address of a decorate at the said, and the said and the said at the sai										
	one)		HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.										
	20h SIGNATINO	E AND TITLE OF			ation and/or investigation	i, at my opinion, t	acam occurs		9c. MEDICAL LICENSE			(ED-(Month, Day, Year)	
CERTIFIER	The state of the s	mae	de	Kl of	Live S	EAL			01027402			R 3 3 1997	

HEALTH OFFICER

CONRADO CASTOR, M 31. HEALTH OFFICER'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

33. MANNER OF DEATH

34d. DESCRIBE HOW INJURY OCCURRED

MAR 2 4 2006 34h MOTOR VEHICLE ACCIDENTIAN LAKE COUNTY AUDITOR

920061583 Ticor Highland

Prescribed by the State Board of Accounts (2005) County form 170

Declaration

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).

- 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 numbers;
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.
- I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Verified for recording by Ticor Title

Thomas G. Schiller
Printed Name of Declarant

deci170 12/2005 pm