Irsue its statutor	y this state age y responsibility	/. Ďisclosure i		INDIANA S	TATE DEP	ARTME	NT OF	HEALT	Ή			
luntary and there	will be no pen	alty for refusal.	⁄7	C	ERTIFICAT	ΓE OF D	EATH	2.	State N			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	THE RECOR	DS IN THIS SER	IES AF	RE CONFIDENTIAL PER	R IC 16-1-19-3			20-	<u> 13 - (</u>		- X	
PE/PRINT	HOBART		н	JGH	MORFORI		Male 1		TIME OF DEATH			6
RMANENT	4. *SOCIAL SECU		1	5a. AGE—Last Birthday (Years) 95	Sb. UNDER 1 YEAR Months Days	5c. UNDER 1 Hours M	linutes	oruary 27				11inois
LACK INK	312-10-8302 8e. WAS DECEDENT		8b. YEA	AR LAST SERVED IN				ACE OF DEATH (Check only one.	See instructions)	
	A U.S. VETERAN?		U.S.	ARMED FORCES?	HOSPITAL Inpet	ient Outpatient DOA		OTHER: Nursing Home		Mother Specify) (Hospice)		ospice)
		ME (If not institution	n give s	street and number)	LJ ER/C			VN. OR LOCATION		an corin	TY OF DEATH	I
ECEDENT	St. Anthony Hosp							Crown Point		Lake		
	10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name)		None			CCUPATION (Give kind of work king life. Do not use retired) Driver		Trucking Company		
	13a. RESIDENCE—STATE		13b. COUNTY		13c. CITY, TOWN, OR	L		13d. STREET AND NU		in F		
	Indiana		Lake			erville				Pine		
	136 ZIP CODE 136 INSIDE CI		Yes WHAT COUNTRY		No □			16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		
					Mexican, Puerto f							
ARENTS		X No □		1 0011	<u> </u>		19. MOTHER	R'S NAME (First A	<u> </u>			4
AUEINIO	John Clifford Morford							bel Dou	<u> </u>			
FORMANT	20e. INFORMANT Darin M	rs NAME (Type/Pi	rint)		l l	G ADDRESS (Sme . Griffi				Parkers.	1	Relationship randson
	21a. METHOD OF		☐ Ent	ombment	215. DATE AND PLACE					c LOCATION-		
				moval from State	other place)	May	13, 2	006			* *	
		Other (Specify	,		22b EMBALMER		and C	emetery	DEATH REPORTE	Decatu		inois
SPOSITION	Z20. EMBALMERS		orie	stiansen		0200095	AT	XXX				
		OF FUNERAL DIR	7 /		24b. l	ICENSE NUMBER		PRUZINOR	ER OTHER	S FUNE	RAL SE	RVICE
		m	X	This Do			prop	6360 Br Merrill	oadway			3002453
	26. PART I.	Enter the disease	ionurie	es, or complications that a	AIKE UOI	1009893	ecord	der!	The state of the s	IN 404	10, #0	Appreximate
	20. PARI I.											
				lure. List only one cause or	n each line.				,			Interval Between Onset and Death
	IMMEDIATE CAUS				erebral	Anox						Interval Between Onset and Death
AUSE OF	IMMEDIATE CAUS disease or condition resulting in death)				n each line.	Anox						
LUSE OF	disease or conditio	which gave		DUE TO ((erebral	ANUX CE OF)						
AUSE OF EATH	disease or condition resulting in death) Conditions, if any,	which gave te cause.		DUE TO ((PRASA CONSEQUENCE	ANUX DE OF)					.:	
AUSE OF EATH	disease or condition resulting in death) Conditions, if any, virise to the immediate stating the underlying cause last	which gave tte cause.		b. DUE TO (() c. DUE TO (() d	OR AS A CONSEQUENCE	AND CE OF)	16	, real	rate to a constant	Constant Adapton		Onset and Death
AUSE OF EATH	disease or condition resulting in death) Conditions, if any, virise to the immediate stating the underlying cause last	which gave tte cause.		b. DUE TO ((OR AS A CONSEQUENCE	AND CE OF)	WAS DECE PREGNANT	DENT TOR 90 DAYS	28a. WAS AN A PERFORME	D?	AVAILAB	Onset and Death UTOPSY FINDINGS SLE PRIOR TO
AUSE OF EATH	disease or condition resulting in death) Conditions, if any, virise to the immediate stating the underlying cause last	which gave tte cause.		b. DUE TO (() c. DUE TO (() d	OR AS A CONSEQUENCE	AND CE OF)	WAS DECE PREGNANT POSTPART (Yes or no	DENT F OR 90 DAYS UM?	28a. WAS AN A PERFORME (Yes or no)	D?	AVAILAE COMPLE OF DEAT	Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE 'H? (Yes or no)
AUSE OF EATH	disease or condition resulting in death) Conditions, if any, trise to the immedia stating the underlyicause lest. PART II. Other significant controls in the significant control in	which gave te cause. Ing	- Condit	b. DUE TO (() c. DUE TO (() d.	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OUT NOT previously stated	CE OF) CE OF) CE OF) OF O	WAS DECE PREGNANT POSTPART (Yes or no NO	DENT F OR 90 DAYS TUM?	28a. WAS AN A PERFORME (Yes or no)	D?	AVAILAE COMPLE OF DEAT	Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE
AUSE OF EATH	disease or condition resulting in death) Conditions, if any, virise to the immediate stating the underlying cause last	which gave the cause. Ing	- Condit	b. DUE TO (() c. DUE TO (() d	PR AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE PROPERTY OF THE	CE OF) CE OF) CE OF) CE OF) an Part I. 27. ath occurred at the	WAS DECE PREGNANT POSTPART (Yes or no NO	DENT FOR 90 DAYS (UM? b)	28a. WAS AN A PERFORME (Yes or no) NO the cause(s) as	D?	AVAILAB COMPLE OF DEAT N	Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE TIP (Yes or no)
AUSE OF :ATH	disease or condition resulting in death) Conditions, if any, trise to the immedia stating the underlyic cause last PART II. Other significant control of the control of t	which gave the cause. Ing	RTIFYIN	DUE TO (() DUE TO (() DUE TO (() d NG PHYSICIAN To the b DOFFICER On the basis of examinating to the control of the contr	DR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OUT NOT Previously stated DEST of my knowledge, de- examination and/or invest	CE OF) CE OF) CE OF) In Part I. 27. ath occurred at the stigation, in my opin	WAS DECE PREGNANT POSTPART (Yes or no NO time. date. and	DENT OR 90 DAYS (UM?)) If place, and due to courred at the time, it the time, date, and	28a. WAS AN A PERFORME (Yes or no) NO the cause(s) as date, and place, and due to disce, and due to disce an	stated. Indicate to the cause (s) as	AVAILAE COMPLE OF DEAT N use(s) as stated	Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE 'H? (Yes or no) / A
AUSE OF :ATH	disease or condition resulting in death) Conditions, if any, vise to the immedia stating the underlyl cause last PART II. Other sig 29a. CERTIFIER (Check only one) 29b. SIGNATURE	which gave the cause. Ing STATE CONTINUE OF CAMPO TITLE OF CAMPO T	RTIFYIN	DUE TO (() DUE TO	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OUT NOT previously stated out not previously stated execution of previously	CE OF) CE OF) CE OF) an Part I. 27. ath occurred at the stugation, in my opinion, dear	WAS DECE PREGNANT POSTPART (Yes or no NO time. date. and	DENT OR 90 DAYS (UM?)) If place, and due to courred at the time, it the time, date, and	28a. WAS AN A PERFORME (Yes or no) NO NO the cause(s) as date, and place, an	stated. Indicate to the cause (s) as	AVAILAE COMPLE OF DEAT N use(s) as stated	Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE 'H? (Yes or no) [/ A
:АТН	disease or condition resulting in death) Conditions, if any, or rise to the immedia stating the underlylic cause last PART II. Other significant control of the control o	which gave te cause. Inficant conditions XX csi HE. Co	RTIFYIN	DUE TO (() DUE TO	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OUT NOT previously stated out not previously stated examination and/or investigation OF DEATH (ITEM 26) (1)	CE OF) CE OF) CE OF) In Part I. 27. ath occurred at the stugation, in my opinion, dear or my opinion,	WAS DECE PREGNANT POSTPART (Yes or no NO time date any nion death occurred a	DENT T OR 90 DAYS TUM?)) d place and due to curred at the time, at the time, date, and 29c. MEDI	28a. WAS AN A PERFORME (Yes or no) NO the cause(s) as date, and place, and due to disce, and due to disce an	stated. Indicate to the cause(s) and one cause(s) and on	AVAILAR COMPLE OF DEAT N use(s) as stated and manner as s	Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE (14? (Yes or no) I/A stated. INED (Month. Day, Year)
:RTIFIER	disease or condition resulting in death) Conditions, if any, trise to the immedia stating the underlyic cause last PART II. Other signature (Check only one) 29b. SIGNATURE 30. NAME AND A Dr. Ed.	which gave the cause. Ing STATE CONTINUE OF CAMPO TITLE OF CAMPO T	RTIFYIR RTIFYIR RONEF	DUE TO (() b. DUE TO (() c. DUE TO (() d. DU	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OUT NOT previously stated out not previously stated ovest of my knowledge, de examination and/or investigation OF DEATH (ITEM 26) (Touth Route	CE OF) CE OF) CE OF) In Part I. 27. ath occurred at the stugation, in my opinion, dear or my opinion,	WAS DECE PREGNANT POSTPART (Yes or no NO time date any nion death occurred a	DENT T OR 90 DAYS TUM?)) d place and due to curred at the time, at the time, date, and 29c. MEDI	28a. WAS AN A PERFORME (Yes or no) NO the cause(s) as date, and place, and due to disce, and due to disce an	stated. Indicate to the cause(s) and one cause(s) and on	AVAILAR COMPLE OF DEAT N N use(s) as stated and manner as a select DATE SIG	Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE 'H? (Yes or no) / A
:ATH	disease or condition resulting in death) Conditions, if any, trise to the immedia stating the underlyic cause last PART II. Other signature (Check only one) 29b. SIGNATURE 30. NAME AND A Dr. Ed.	which gave the cause. Ing STATE CONTINUE OF CITTLE OF CI	RTIFYIR RTIFYIR RONEF	DUE TO (() b. DUE TO (() c. DUE TO (() d. DU	DR AS A CONSEQUENCE OR AS	CE OF) CE OF) CE OF) In Part I. 27. eth occurred at the stigation, in my opinion, deal or my opinion, deal of the stigation. The stigation of the stigatio	WAS DECE PREGNANT POSTPARI (Yes or no NO time date an	d place, and due to curred at the time, at the time, date, and 29c. MEDI	28a. WAS AN A PERFORME (Yes or no) NO NO the cause(s) as date, and place, and due to CAL LICENSE N	stated. Indiduce to the cause (a) as O	AVAILAR COMPLE OF DEAT N LUSS(2) as stated and manner as a series of DATE SIG	Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE IPR (Yes or no) I/A stated. INED (Month. Day. Year)
:RTIFIER	disease or condition resulting in death) Conditions, if any, or rise to the immedia stating the underlying cause last PART II. Other signature and the conditions of the condition of the condi	which gave the cause. Ing STATE CONTINUE OF CONTINUE O	RTIFYIR RTIFYIR RONEF	DUE TO (() b. DUE TO (() c. DUE TO (() d tions contributing to death b DOFFICER On the basis of examina a On the basis of examina B DOFFICER ON TO THE DEATH OF T	DR AS A CONSEQUENCE OR AS A CONSEQUENCE OUT NOT previously stated DESCRIPTION OF THE PROPERTY OF T	ath occurred at the stugation, in my opinion, determined at the stugation, in my opinion, determined at the stugation of the	WAS DECE PREGNANT POSTPART (Yes or no NO time date an ion death occ th occurred a	d place, and due to curred at the time, date, and 29c. MEDI	28a. WAS AN A PERFORME (Yes or no) NO NO the cause(s) as date, and place, and due to CAL LICENSE N CAL LICENSE N	stated. Indiduce to the cause (a) as O	AVAILAR COMPLE OF DEAT N LUSS(2) as stated and manner as a series of DATE SIG	Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE IPR (Yes or no) I/A stated. INED (Month. Day. Year)
:RTIFIER	disease or condition resulting in death) Conditions, if any, or rise to the immedia stating the underlying cause last PART II. Other significance in the conditions of the condition of the con	which gave the cause. Ing STATE CONTINUE OF CITTLE OF CI	RTIFYIR RTIFYIR RONEF	DUE TO (C	DR AS A CONSEQUENCE OR AS A CONSEQUENCE OUT NOT previously stated DOUBLE OF THE CONSEQUENCE OF DEATH (ITEM 26) (1) OUT NOT INVESTIGATION OF DEATH (ITEM 26) (1) OUT NOT INVESTIGATION OF DEATH (ITEM 26) (1) OUT NOT INVESTIGATION OU	ce of) ce of) ce of) ce of) an Part I. 27. ath occurred at the stigation, in my opinion, dear	WAS DECE PREGNANT POSTPANT (Yes or no NO time date an nion death occurred a	d place, and due to curred at the time, date, and 29c. MEDI	28a. WAS AN A PERFORME (Yes or no) NO the cause(s) as date, and place, and due to CAL LICENSE N CAL LICENSE N CAL LICENSE HOW	stated. Indiduction the cause(s) as the cause(s) as the cause(s) and the cause(s) and the cause(s) are the cause(s) and the cause(s) and the cause(s) are the cause(s) and the cause(s) are the cause(s) and the cause(s) are the cause(s) are the cause(s) and the cause(s) are the	AVAILAR COMPLE OF DEAT N use(a) as stated and manner as a series of DATE SIG	Onset and Death UTOPSY FINDINGS SILE PRIOR TO TION OF CAUSE (14? (Yes or no) I/A Stated. INED (Month. Day. Year) O(Month. Day, Year)
:RTIFIER	disease or condition resulting in death) Conditions, if any, or rise to the immedia stating the underlying cause last PART II. Other significance in the immedia stating the underlying cause last PART II. Other significance in the immedia stating the underlying cause last PART II. Other significance in the immedia stating the underlying cause last 29s. CERTIFIER (Check only one) 29b. SIGNATURE 30. NAME AND A Dr. Ed. 31. HEALTH OFFICE 33. MANNER OF C.	which gave the cause. In the cause in the ca	RTIFYIR RTIFYIR RONEF	DUE TO (C	DR AS A CONSEQUENCE OR AS A CONSEQUENCE OUT NOT previously stated DOUBLE OF THE CONSEQUENCE OF DEATH (ITEM 26) (1) OUT NOT INVESTIGATION OF DEATH (ITEM 26) (1) OUT NOT INVESTIGATION OF DEATH (ITEM 26) (1) OUT NOT INVESTIGATION OU	ce of) ce of) ce of) ce of) an Part I. 27. ath occurred at the stigation, in my opinion, dear	WAS DECE PREGNANT POSTPANT (Yes or no NO time date an nion death occurred a	d place, and due to curred at the time, date, and 29c. MEDI	28a. WAS AN A PERFORME (Yes or no) NO the cause(s) as date, and place, and due to CAL LICENSE N CAL LICENSE N CAL LICENSE HOW	stated. Indiduce to the cause (a) as O	AVAILAR COMPLE OF DEAT N use(a) as stated and manner as a series of DATE SIG	Onset and Death UTOPSY FINDINGS SILE PRIOR TO TION OF CAUSE (14? (Yes or no) I/A Stated. INED (Month. Day. Year) O(Month. Day, Year)
:RTIFIER	disease or condition resulting in death) Conditions, if any, or rise to the immedia stating the underlying cause last PART II. Other significance (Check only one) 29b. SIGNATURE 30. NAME AND A Dr. Ed 31. HEALTH OFFICE Natural Accident Suicide Homicide	which gave the cause. Ing STATE OF CO. AND TITLE OF CO. AND TITLE OF CO. AND Udar CO. CO. CO. CO. DEATH Pending Investigation Could not be	RTIFYIN ALTH (CONTROL OF THE CONTROL OF T	DUE TO (() b. DUE TO (() c. DUE TO (() d. DU	DR AS A CONSEQUENCE OR AS A CONSEQUENCE OUT NOT previously stated DOUBLE OF THE CONSEQUENCE OF DEATH (ITEM 26) (1) OUT NOT INVESTIGATION OF DEATH (ITEM 26) (1) OUT NOT INVESTIGATION OF DEATH (ITEM 26) (1) OUT NOT INVESTIGATION OU	ath occurred at the stigation, in my opinion, dear type/Print) 41, Sch 34c INJU (Yes	WAS DECE PREGNANT POSTPARI (Yes or no NO time date an nion death occurred a	d place, and due to curred at the time, date, and 29c. MEDI	28a. WAS AN A PERFORME (Yes or no) NO the cause(s) as date, and place, and due to CAL LICENSE N CAL LICENSE N CATONA SULTAINE	stated. nd due to the cause(s) at the cause	AVAILAR COMPLE OF DEAT N use(a) as stated and manner as a series of DATE SIG	Onset and Death UTOPSY FINDINGS SILE PRIOR TO TION OF CAUSE (14? (Yes or no) I/A Stated. INED (Month. Day. Year) O(Month. Day, Year)

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