

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Law for State Office Use

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

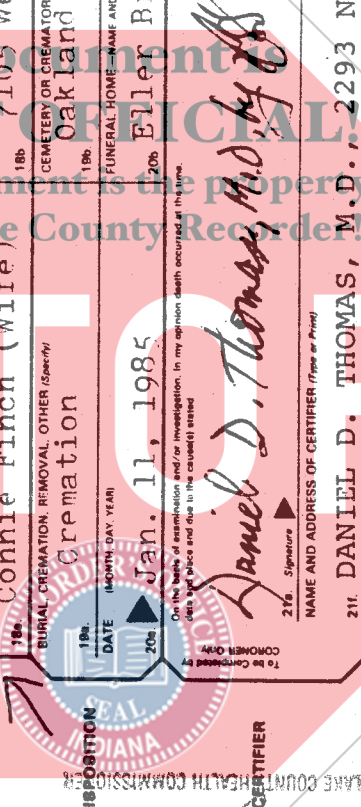
Disposition Permit Issued / Provisional Certificate Yes No

EMBALMERS NAME: Fred Oparka MAR 13 1985 LICENSE No. 1607
 FUNERAL DIRECTORS: Fred Oparka MAR 13 1985 LICENSE No. 1607
 FUNERAL HOME: 1607

Local No. 02-85 State No. 31-25-2015-8-50-67 73

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

1. DECEASED NAME: Billie Finch
 2. SEX: Male
 3. DATE OF DEATH: January 10, 1985
 4. RACE: White
 5. AGE: 32
 6. DATE OF BIRTH: Sep. 9, 1952
 7. CITY, TOWN OR LOCATION OF DEATH: Cedar Lake
 8. STATE OF BIRTH: U.S.A.
 9. CITIZEN OF WHAT COUNTRY: U.S.A.
 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED: Married
 11. SURVIVING SPOUSE: Connie Cary
 12. SOCIAL SECURITY NUMBER: 355-46-677
 13. RESIDENCE - STATE: Indiana
 14. USUAL OCCUPATION: Emergency Med. Tech.
 15. CITY, TOWN OR LOCATION: Cedar Lake
 16. FATHER - NAME: Stanley McCormick
 17. MOTHER - MAIDEN NAME: Lorraine McCormick
 18. INFORMANT - NAME: Connie Finch (Wife)
 19. RELATIONSHIP: Wife
 20. MAILING ADDRESS: 7105 West 137th Pl., Cedar Lake, Indiana 46303
 21. DATE OF DEATH: Jan. 11, 1985
 22. TIME OF DEATH: 11:11 AM
 23. PLACE OF DEATH: Home
 24. CAUSE OF DEATH: Laceration of brain & skull
 25. MANNER OF DEATH: Suicide



22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 1-11-85
 23. IMMEDIATE CAUSE: Laceration of brain & skull
 24. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION: Suicide
 25. PLACE OF INJURY: Home
 26. HOUR OF INJURY: 11:10/85
 27. INJURY AT WORK: No
 28. PLACE OF INJURY: Home
 29. PLACE OF INJURY: 7105 W. 137th Pl., Cedar Lake, IN
 30. DESCRIBE HOW INJURY OCCURRED: Gunshot wound
 31. AUTOPSY: Yes

FILED

DEC 14 2007

11565