4cc ATTENTION ESTATE: The Social Security # is sing requested by this state agency in order to ursue its statutory responsibility. Disclosure is pluntary and there will be no penalty for refusal.

620091405

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

	THE RECOR	IOS IN THIS SE	RIES ARE C	CONFIDENTIAL PE	R IC 16-1-19-3									
PE/PRINT		NAME (FIRST MINE T. VI			2			2. SEX FE 3a. TIME OF DEATH 420 RM			3b. DATE OF DEATH (Month Day, Yr.) FEBRUARY 28, 2003			
RMANENT LACK INK	4. *SOCIAL SECURITY NUMBER 349-36-0146		Sa AGE—Last Birthday (Years) 56		Sb. UNDER 1 YEAR Sc. UNDER Months Days Hours		Minutes OCTOBER		H (Mo. Day, Yr)	7. BIRT	BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS			
	8e. WAS DECEDENT			AST SERVED IN		<u> </u>	9a	9a PLACE OF DEATH (Check only			tructions)			
	NO		U.S. ARMED FORCES? N/A		HOSPITAL Inpatient ER/Outpatient		, 		Nursing Home	ne Other (Specify)				
CEDENT	9b. FACILITY NAME (If not institution, give street end number) 8712 DURBIN LANE					9c. CITY, TOWN, OR LOCATION OF DEAT CROWN POINT		TION OF DEATH	9d. COUNTY OF DEATH LAKE					
	10. MARITAL STATUS (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)				L. NT'S USUAL OCCUPATION (Give kind of ing most of working life. Do not use retired)		(Give kind of world use retired)	vork 12b. KIND OF BUSINESS/INDUSTRY				
	MARRIED 13a. RESIDENCE—STATE		DONALD E. V		EST 13c. CITY, TOWN, OR LOCATION		CLERICAL 13d STREET A		STREET AND N	COUNTY GOVERNMEN'			MENT	
	INDIANA		LAKE TY LIMITS 14 CITIZEN OF		CROWN POINT					URBIN LANE				
	46307		Yes	WHAT COUNTRY	15. WAS DECEDENT XXXNo Mexican, Puerto I	Yes (If yes.	ORIGIN? specify Cubi	en. Black, V	16. RACE—American Indian, Black, White, etc. (Specify)		Saify onl		CEDENT'S EDUCATION nly highest grade completed)	
		Ø(No □	U.S.A.					WHITE	WHITE		Elementary (0-12)		College (1-4 or 5 +)	
RENTS	JOSEPH		Last)			19. MOT	19. MOTHER'S NAME (First, Middle, Meiden Surnar THERESA PARUS							
FORMANT	200. INFORMANT DONALD	S NAME (Type/F			206. MAILING	DIIRRIN	T.ANE	mber or Rural Rou	te Number. City or POINT,	Town. Stat	re. Zip Code)	20c Rel	etionship	
j	21a METHOD OF		Entombrr	nent	216. DATE AND PLAC						ATION—City			
		Cremation Other (Specify	Removal	/	other place) MA				SCHERERVILLE INDIANA					
SPOSITION	220 EMBALMERS				226 EMBALMER'S		MORIA		AS DEATH REPOR					
	CKAIG E	OF FUNERAL DIR		NO'	1022392	ICENSE NUMB	IA		DRESS, AND LIC		40CD OC 5116	(50A) 110A (5		
	Jan	w Z.	B	his Doc	ument is	(of Licensee)	rope	BURNS	FUNERAI	L HOM	Œ, 10	101 B	ROADWAY	
:	PART I.	Enter the disease arrest, shock, or a	s, injuries, or o neart failure. L	complications that cause on ist only one cause on	sed the death. Do not en	ter nonspecific t	erms, such a	s cardiac or respir		Ê	3		Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition		• -	Tu		ma	ma		ק≥	-		Onset and Toath		
हें	esulting in death) Conditions, if any, w	Atak .	b		A AS A CONSEQUENC					2 >		육양	<u> </u>	
	ise to the immediate tating the underlyin	cause.	c		R AS A CONSEQUENC					Ω 22.25 22.25		RES	2	
් ද්රි 	ause lest		đ	002.70 (0)	R AS A CONSEQUENC	E OF				RAO W	9:	SEY E	<u>.</u>	
a r	ART II. Other signi	ficant conditions -	Conditions co	ontributing to death bu	t not previously stated in	Part I 2	7. WAS DEC	CEDENT NT OR 90 DAY:	28a. WAS AN		/ 28b. V	VERE AUTO	PSY FINDINGS	
Tide Insurance					RULEDER	RUEDER'S OF		POSTPARTUM? (Yes or no) NO			COMPLETION OF CAUSE OF DEATH? (Yes or no)			
rank 2	29a. CERTIFIER (Chack only (C													
	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) and manner as stated.													
Company 30	96. SIGNATURE A	ND TITLE OF CEI	RTIFIER	201	//www.	NA	Sam Security	29c. ME	DICAL LICENSE I	40			(Month. Day, Year)	
eany 3	NAME AND ADI	PRISS OF PERSO	ON WHO CO	MPLETED CAUSE OF	F DEATH (ITEM 26) (Ty	pe/Print)			103171	/	3	14/	200 FJ 10 1	
LTH 31	DR. GEO		CHUK,	11,21 S.	INDIANA AV	VE., CF	WN E	TUT	IND)		1		1'1	
CER			·				MAY	0 1 ว กก		M.	40	E FILED (MC	onth Day. Year	
33	MANNER OF DE	_	346	(Month, Day, Year)	Y 346 TIME OF 34c INJURY AT WORK? 34 DESCRIBE HOW INJURY OCCURRED 19 19 19 19						CAP			
	Netural C	Pending Investigation				COUNTY AUDITOR			er vi provenjeni i in i in i in i in i in i in i i					
	Suicide Could not be Determined			34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34f, LOCATION Street Salameter of Hural Route Number. City or Town. State)					wn, State)	
34	DATE PRONOU	NCED DEAD (MC	onth, Day, Yea	ar) 34h MOTOR V	VEHICLE ACCIDENT?	Yes or no) If	ves. specify o			7*1			_	
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