INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Eric Nathan I	Middle, Last)			1a. Maiden Last N			2. Sex Male		ne Of Death 39a . ii		ember 21,20	
				N/A	6e. Under 1 Hour	7 Date (Male of Birth (Month/Day/			1 -	e Or Foreign Country)	
5. Social Security Number 6: 305-78-9195	Age – Yrs 40	6b. Under 1 Year Months	6c. Under 1 Month Days	Hours	Minutes	Sept.	15, 19	68		, d idi		
9. Ever in U.S. Armed Forces? ☐ Yes XX No Unknown ☐	☐ Inpat		ital: partment Outpatient 🔲	Dead On Arrival	10a. If Death Occurred S				-Term Care F	aciliy Other (Specify)	
11. Facility Name (If Not Institution		_								\odot		
Munster Comm	-	Hospital			13. County Of E	Death			14. Marital	Status At Time C	of Death	
Munster		Lake			☐ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Rever Married ☐ Unknown							
15. Surviving Spouse's Name 15a. (If Wife				Give Maiden Last Name	e 16. Decede	nt's Usual Oc	sual Occupation			17. Kind & G siness/Industry		
N/A			N		Roofer 18b. City Or Town			Local Union				
18. Residence - State Indiana		18:	ı. County Lak	ce	Gar	у						
18c. Street And Number							18d. Apt	No.		Zip Code	18f. Inside City Limit	
3624 W. 40th	Avenu	e								6408	XX C	
19. Decedent's Education 20. I 12th grade			20. Decedent Of Hispa	NO			21. Decedent's Race Black					
22. Father's Name (First, Middle, Eddie James I		r.			23. Mother's Name (Fire Charline			e F		Rand	valden Last Name a 1 1	
24. Informant's Name			24a. Relationship	To Decedent	24b. Mailing Address (S	treet And Nur	mber, City, State, Zip			ਹ ਹ	Page Annie	
Charline Clif	ton-R	andall.	Mother		3624 West	40th	Place (Gars	Indi	Lana 46	408	
25a. Method Of Disposition.		25b Place	Of Disposition (Name O	25. P	Place Of Disposition y, Other Place)	25c. Location	. – City, Town, And	State	1 1			
☑ Burial ☐ Cremation ☐ Don	ation 🔲 Entorr	1	September			T				를 공 응		
Removal From State Other (Specify):			dgelawn (rici	Gar	y, India	ana	- 1	S	uneral Home License Numbe	
26. Was Coroner Contacted?	Gu	y & Aller	ddress Of Funeral Facilit	Director	sth _{fa} proj	perty	y of					
276. Signature Of Indiana Funera	. 29	59 West	1th Avenu	ie Gary,	Indiana 4	6404	27c. License	Number	(Of Licensee		07704	
(asmil	110x) / DX	evil						070			
	Of Events—	Diseases, Injuries,	Or Complications-T	That Directly Cause	e Instructions And	Enter Termi	nal Events				Approximate	
28 Part I Enter The Chain			brillation Without Sh	nowing The Etiolog	y. Do Not Abbreviate.	Enter Only	One Cause On				Interval: Ons To Death	
28. Part I. Enter The <u>Chain</u> Such As Cardiac Arrest, Res A Line. Add Additional Lines	spiratory Arre	st, Or Ventricular F										
Such As Cardiac Arrest, Res	spiratory Arre s If Necessar	st, Or Ventricular F y.		Gunshot	wound of		hest Consequence Of):				Unkno	
Such As Cardiac Arrest, Res A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin	spiratory Arre is If Necessar ease Or Con , If Any, Lead ig Cause (Dis	est, Or Ventricular F y. dition Resulting In I ling To The Cause I	Death A.	Gunshot		Due To (Or As A				- 10 To 10 T		
Such As Cardiac Arrest, Res A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea	spiratory Arre s If Necessar ease Or Con , If Any, Lead g Cause (Dis ath) Last	est, Or Ventricular F ry. dition Resulting In I ding To The Cause I sease Or Injury Tha	eath A. isted On B. Initiated C	FIL	ED	Due To (Or As A	Consequence Of):					
Such As Cardiac Arrest, Res A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin	spiratory Arre s If Necessar ease Or Con , If Any, Lead g Cause (Dis ath) Last	est, Or Ventricular F ry. dition Resulting In I ding To The Cause I sease Or Injury Tha	eath A. isted On B. Initiated C	FIL	E D	Due To (Or As A Due To (Or As A 29. Was An A	Consequence Of): Consequence Of): Consequence Of): Autopsy Performed?	ible To 0	⊠Yes [□ No	Unkno	
Such As Cardiac Arrest, Res A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea Part II. Enter Other Significant Co	spiratory Arres If Necessar ease Or Con- If Any, Lead g Cause (Disath) Last	est, Or Ventricular F ry. dition Resulting In I ding To The Cause I sease Or Injury Tha buting To Death But No	Death A. Listed On B. Initiated C D. Resulting in The Under	tying V A Gives In	E D	Due To (Or As A Due To (Or As A 29. Was An A	Consequence Of): Consequence Of): Consequence Of): Autopsy Performed?		complete The	☐ No Cause Of Death	Unkno	
Such As Cardiac Arrest, Res A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea	spiratory Arres If Necessar ease Or Con- If Any, Lead g Cause (Disath) Last	ast, Or Ventricular F y. dition Resulting In I fing To The Cause I sease Or Injury Tha buting To Death But No	Death A. Listed On B. Initiated C D. Resulting in The Under	FIL.	E D	Due To (Or As A Due To (Or As A Due To (Or As A 29. Was An A 30. Were Aut	Consequence Of): Consequence Of): Consequence Of): Autopsy Performed? Topsy Findings Avail: Death	orier Of C	Death:	Cause Of Death	Unknov	
Such As Cardiac Arrest, Res A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea Part II. Enter Other Significant Co	spiratory Arres If Necessar ease Or Con. If Any, Lead g Cause (Disath) Last Inditions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contrib	ast, Or Ventricular F y. dition Resulting In I fing To The Cause I sease Or Injury Tha buting To Death But No	Death A. Listed On B. Linitiated C Resulting in The Under C Resulting in The Under C Resulting in The Under	GY HOLIN	GA KATONA	Due To (Or As A Due To (Or As A Due To (Or As A 29. Was An / 30. Were Aul thin 42 Days Of	Consequence Of): Consequence Of): Consequence Of): Autopsy Performed? copsy Findings Avail: Death Matural Justice Suice	omier Of C al ⊠ Hon e ☐ Cou	Death: Dicide	Cause Of Death ant Pending Inventined	Unknov	
Such As Cardiac Arrest, Res A Line. Add Additional Lines Immediate Cause (Final Disc Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea Part II. Enter Other Significant Co. 31. Did Tobacco Use Contribute T Yes Probably No Unknow 34. Date Of Injury (Month/Day/Yes Sept. 21, 2006)	spiratory Arres If Necessar ease Or Con. If Any, Lead g Cause (Disath) Last enditions Contribute for Death?	ast, Or Ventricular F y. dition Resulting In I ting To The Cause I sease Or Injury Tha buting To Death But No 32 If Fema Not Pregn 35. Time C Unki	Death A. isted On B. Initiated C C Resulting in The Under C C C Resulting in The Under C C C Thirty Thirty Thirty TOWN	GY HOLIN CONTROL OF THE STATE	GA KATONA District Different Within The lace of Injury (E.G. Decede	Due To (Or As A Due To (Or As A Due To (Or As A 29. Was An A 30. Were Aut ithin 42 Days Office Past Year ent's Home, C	Consequence Of): Consequence Of): Consequence Of): Autopsy Performed? copsy Findings Avail: Death Matural Justice Suice	omier Of C al ⊠ Hon e ☐ Cou	Complete The Death: nicide ☐ Accid Id Not Be Deten Wooded Area	Cause Of Death	Unknov Yes □ No **stigation 37. Injury At Work? Yes □ No	
Such As Cardiac Arrest, Res A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea Part II. Enter Other Significant Co 31. Did Tobacco Use Contribute T Yes Probably No Unknow 34. Date Of Injury (Month/Day/Yei	spiratory Arres If Necessar ease Or Con. If Any, Lead g Cause (Disath) Last enditions Contribute for Death?	ast, Or Ventricular F y. dition Resulting In I ding To The Cause I sease Or Injury Tha Duting To Death But No 32 If Fema Not Pregn 35. Time C Unk:	Death A. Listed On B. Linitiated C C Resulting in The Under Resulting in The Under Resulting in The Under Town	GY HOLIN GY HOLIN FRANÇA MARINA DI PANTI A Camada de Dada Dada Dada Dada Dada Dada Dad	GA KATONA Mal Action Difference Within the lace of Injury (E.G. Decede Tavern Street & Number	Due To (Or As A) Due To (Or As A) Due To (Or As A) 29. Was An A 30. Were Aul ithin 42 Days Of e Past Year inth's Home, C.	Consequence Of): Consequence Of): Consequence Of): Autopsy Performed? Topsy Findings Avail: Death Matur	oner Of (al ⊠ Hon e □ Cou taurant,	Complete The Death: nicide ☐ Accid Id Not Be Deten Wooded Area	Cause Of Death	Unknov 7	
Such As Cardiac Arrest, Res A Line. Add Additional Lines A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea Part II. Enter Other Significant Co. 31. Did Tobacco Use Contribute To Yes Probably No Unknow 34. Date Of Injury (Month/Day/Yes Sept. 21, 2008 38. Location Of Injury - State Indiana	spiratory Arres of Necessar ease Or Con. If Any, Lead g Cause (Distributed in the Control of Contro	ast, Or Ventricular F y. dition Resulting In I ting To The Cause I sease Or Injury Tha buting To Death But No 32 If Fema Not Pregn 35. Time C Unki	Death A. Listed On B. Linitiated C C Resulting in The Under Resulting in The Under Resulting in The Under Town	GY HOLIN GY HOLIN FRANÇA MARINA DI PANTI A Camada de Dada Dada Dada Dada Dada Dada Dad	GA KATONA District Different Within The lace of Injury (E.G. Decede	Due To (Or As A Due To (Or As A Due To (Or As A 29. Was An / 30. Were Aul thin 42 Days Of e Past Year and Show the Color 1000 115	Consequence Of). Consequence Of): Consequence Of): Consequence Of): Autopsy Performed? Topsy Findings Avail: Boath Stee Res	nner Of I	Death: De	Cause Of Death ant Pending Inve	Unknow Yes □ No Injury At Work? Yes □ No Sd. Zip Code	
Such As Cardiac Arrest, Res A Line. Add Additional Lines A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dead Part II. Enter Other Significant Co. 31. Did Tobacco Use Contribute Tarrest Probably No Unknown No. Unknown No. Unknown No. Unknown No. Date Of Injury (Month/Day/Yes Sept. 21, 2006) No. Location Of Injury - State Indiana 39 Describe How Injury Occurred	spiratory Arres of Necessar ease Or Con. If Any, Lead g Cause (Disath) Last Inditions Contribute to Death? If Death?	ast, Or Ventricular F y. dition Resulting In I ding To The Cause I sease Or Injury Tha Duting To Death But No 32 If Fema Not Pregn 35. Time C Unk:	Death A. Listed On B. Linitiated C C Resulting in The Under Resulting in The Under Resulting in The Under Town	GY HOLIN GY HOLIN FRANÇA MARINA DI PANTI A Camada de Dada Dada Dada Dada Dada Dada Dad	GA KATONA Mal Action Difference Within the lace of Injury (E.G. Decede Tavern Street & Number	Due To (Or As A Due To (Or As A Due To (Or As A 29. Was An / 30. Were Aul thin 42 Days Of e Past Year and Show the Color 1000 115	Consequence Of). Consequence Of): Consequence Of): Consequence Of): Autopsy Performed? Topsy Findings Avail: Boath Stee Res	nner Of I	Death: De	Cause Of Death ant Pending Inve	Unknow Yes □ No Injury At Work? Yes □ No Sd. Zip Code	
Such As Cardiac Arrest, Res A Line. Add Additional Lines A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea Part II. Enter Other Significant Co. 31. Did Tobacco Use Contribute To Yes Probably No Unknow 34. Date Of Injury (Month/Day/Yes Sept. 21, 2008 38. Location Of Injury - State Indiana	spiratory Arres of Necessar ease Or Con. If Any, Lead go Cause (Disath) Last Inditions Contribute of Death? If Death? If Death?	ast, Or Ventricular F y. dition Resulting In I dition To The Cause I sease Or Injury Tha 32 If Fema Not Progr Not Progr 35. Time C Unki 38a. City O Hamn	Death A. Listed On B. Linitiated C C Resulting in The Under Resulting in The Under Resulting in The Under Town	GY HOLIN GY HOLIN FRANÇA MARINA DI PANTI A Camada de Dada Dada Dada Dada Dada Dada Dad	GA KATONA Mal Action Difference Within the lace of Injury (E.G. Decede Tavern Street & Number	Due To (Or As A Due To (Or As A Due To (Or As A 29. Was An 7 30. Were Aut ithin 42 Days Of e Past Year ent's Home, Co	Consequence Of). Consequence Of). Consequence Of). Autopsy Performed? Copsy Findings Available of Steel Construction Site, Reserved.	Transport	Death: De	Cause Of Death ant Pending Inveninged	Unknow Yes □ No Injury At Work? Yes □ No Sd. Zip Code	
Such As Cardiac Arrest, Res A Line. Add Additional Lines A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea Part II. Enter Other Significant Co. 31. Did Tobacco Use Contribute To Yes Probably No Unknown As. Date Of Injury (Month/Day/Yes.) 34. Date Of Injury (Month/Day/Yes.) 35. Location Of Injury - State Indiana 39. Describe How Injury Occurred Gunshot Wound 41. Signature, Of Person Certifying	spiratory Arres of Necessar ease Or Con. If Any, Lead g Cause (Distributed of Contributed of Con	ast, Or Ventricular F y. dition Resulting In I dition The Cause I sease Or Injury Tha 32 If Fema Not Pregn Not Pregn 35. Time C Unki 38a. City O Hamn	D. Resulting in The Under Co. Resulting in The U	GY HOLIN GY HOLIN GOVERNMENT 36. PI 36. PI 74.4	GA KATONA Mat Delay Di France Disklown Program William Th lace Of Injury (E.G. Decede Tavers 43 Indianap	Due To (Or As A Due To (Or As A Due To (Or As A 29. Was An / 30. Were Aut ithin 42 Days Of e Past Year ent's Home. C	Consequence Of). Consequence Of). Consequence Of). Autopsy Performed? Copsy Findings Available of Struction Site, Reserved Of Struction Si	ial M Hone Coutaurant. Transpring Al Transpring Ver/Opera	Death: De	Cause Of Death ant Pending Invenimed	Unknow Yes □ No sitigation 37. Injury At Work? Yes □ No 3d. Zip Code Oronicity Specify)	
Such As Cardiac Arrest, Res A Line. Add Additional Lines A Line. Add Additional Lines Immediate Cause (Final Disc Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea Part II. Enter Other Significant Co. 31. Did Tobacco Use Contribute Target Probably No Unknown No. Under Of Injury (Month/Day/Yes Sept. 21, 200) 38. Location Of Injury - State Indiana 39. Describe How Injury Occurred Gunshot Wound 41. Signature, Of Person Certifying No. 2000 Contribute Target No. 200	spiratory Arres of Necessar ease Or Con. If Any, Lead g Cause (Distributed in Contributed in Con	ast, Or Ventricular F y. dition Resulting In I fing To The Cause I sease Or Injury Tha 32 If Fema Not Pregn Not Pregn 35. Time C Unk: 38a. City O Hamm	D. Resulting in The Under the PEG ant. But Pregnant John Town	GY HOLIN 36. Pl 36. Pl 36. Pl 36. Pl 36. Pl	GAKATONA Mat 2009 GAKATONA Mat 2009 District on Transport Tavers Sired a Number 43 Indianap	Due To (Or As A Due To (Or As A Due To (Or As A 29. Was An / 30. Were Aut ithin 42 Days Of e Past Year ent's Home. C	Consequence Of). Consequence Of). Consequence Of). Autopsy Performed? Copsy Findings Available of Struction Site, Reserved Of Struction Si	Transportion Market Drug One	Death: De	Cause Of Death ant Pending Invenimed	Unknow Yes □ No setigation 37. Injury At Work? 12 Yes □ No 33. Zip Code Official Specify) Date Certified	
Such As Cardiac Arrest, Res A Line. Add Additional Lines A Line. Add Additional Lines Immediate Cause (Final Dise Sequentially List Conditions, Line A. Enter The Underlyin The Events Resulting In Dea Part II. Enter Other Significant Co. 31. Did Tobacco Use Contribute To Yes Probably No Unknown As. Date Of Injury (Month/Day/Yes.) 34. Date Of Injury (Month/Day/Yes.) 35. Location Of Injury - State Indiana 39. Describe How Injury Occurred Gunshot Wound 41. Signature, Of Person Certifying	spiratory Arres of Necessar ease Or Con. If Any, Lead go Cause (Disath) Last Inditions Contributed for Death? If Dea	ast, Or Ventricular F y. dition Resulting In I fing To The Cause I sease Or Injury Tha 32 If Fema Not Pregn Not Pregn 35. Time C Unk: 38a. City O Hamm	D. Resulting in The Under the PEG ant. But Pregnant John Town	GY HOLIN 36. Pl 36. Pl 36. Pl 36. Pl 36. Pl	GAKATONA Mat 2009 GAKATONA Mat 2009 District on Transport Tavers Sired a Number 43 Indianap	Due To (Or As A Due To (Or As A Due To (Or As A 29. Was An / 30. Were Aut ithin 42 Days Of e Past Year ent's Home. C	Consequence Of). Consequence Of). Consequence Of). Autopsy Performed? Topsy Findings Avail. Bould Nature Bound Nature Bound Nature LAKE CO: NTY H Consequence Of). Certifying Physic. Certifying Physic.	Transportion Market Drug One	Death: De	Specify Officer Specify Officer 45.	Unknow Yes □ No sitigation 37. Injury At Work? Yes □ No 3d. Zip Code Oronicity Specify)	

Contabalian To month