## \* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. Local No.

## (b) 45-16-08-233-603,000-042 45-16-08-233-004.000-042 45-16-08-233-005:000-042 INDIANA STATE DEPARTMENT OF HEALTH

Local No. . 586818

**CERTIFICATE OF DEATH** 

State No.....

| ı               |  |  |   |   |   |  |  |  |  |
|-----------------|--|--|---|---|---|--|--|--|--|
|                 | THE RECORDS IN THIS SE   |  | < IC 16-37-1-10   |   |   | 20 TIME OF DEATH   | oh DATE OF S   | EATH Manth Day Vol   |  |
| YPE/PRINT       | 1. DECEASED - NAME (First, Middle, Last)   |  | _   | 2. SE   |   | 3a. TIME OF DEATH  | 3b. DATE OF DEATH (Month, Day, Yr.)  |  |  |
| IN              | Richard  | <u>s.</u>  | Greene  | Ma  |   | 7:45 PM  | February 27, 2004  |  |  |
|                 | 4. *SOCIAL SECURITY NUM  | (Years)  | 5b. UNDER 1 YEAR  Months Days   | 5c. UNDER 1 DAY Hours Minutes   |   | BIRTH (Mo., Day, Yr.)  |  | ity and State or Foreign Country)  |  |
| BLACK INK       |  | 69   | July Sujo   |   |   | 12,1934  |  | cago, Illinois   |  |
|                 | 8a. WAS DECEDENT<br>A U.S. VETERAN?  | 8b. YEAR LAST SERVED IN<br>U.S. ARMED FORCES?  |   |   |   | (Check only one See instr  |  | <b>}</b>   |  |
|                 | No N/A   |  | HOSPITAL: Inpati  | ent   | OTHER Nursing Home  |  | Other (Specification)  |  |  |
|                 |  | ☐ ER/O   | ER/Outpatient DOA Residence   |   |   | 9d. COUNTX   | DE DEATH   |  |  |
|                 | SD. PACIEIT NAME (II NOT IIIS  | titution, give street and number)  |   | SC. CITT  | , TOWN, OR LOC  | ZATION OF BEATH  | 9d. COO(10   | DF DEATH   |  |
| ECEDENT         | 106 S. Ridge   | St.  |   | Cro   | wn Poin   | ıt   | Lake   |  |  |
|                 | 10. MARITAL STATUS 11. SURVIVING SPOUSE (Specify) (If wife, give maiden name)  |  |   |   | TS USUAL OCCUPATION (Give kind of working most of working life. Do not use retired.)                |  | 12b. KIND OF SUSINESS/INDUSTRY   |  |  |
|                 | Married Roberta Cos  |  |   |   | tion Supervisor   |  | Steel  |  |  |
|                 | 13a. RESIDENCE - STATE   | a. RESIDENCE - STATE 13b. COUNTY   |   | CATION  | 13d. STREET AND NU  |  | MBER   |  |  |
|                 | Indiana  | ndiana Lake Crown I  |   |   | int   106 S. F  |  |  |  |  |
|                 | 13e. ZIP CODE 13f. INSIDE CI   | the first of the contract of t |   |   |   |  | 17, DECI   | EDENT'S EDUCATION  |  |
|                 | □No  | Yes WHAT COUNTRY?  | No 🗆 Y  | es (If yes, specify Cubar   | ), Black,   | White, etc.  | (Specify highest grade completed)  lementary/Secondary (0-12)  College (1-4 or 5+) |  |  |
|                 | 13g. ON A FAF  | RM?  | Mexican, Puerto i   | Rican, etc.)  | (Specify)   | uy)  |  |  |  |
|                 | 46307- No  | ⊓ Yes USA  |   |   | Whit  | te   |  | 12   |  |
|                 | 18. FATHER'S NAME (First, Mid  |  | 19. MOTHER'S NAME (First, Middle, M.  |   | (First, Middle, Maiden Sum  | iden Surname)  |  |  |  |
| PARENTS         | Maurice Gree   | ene  |   | Luc   | ille (  | Chynoweth  |  |  |  |
| 1               | 20a. INFORMANT'S NAME (Type  | e/Print)   |   | ADDRESS (Street and Nu  | umber or Rural Ro   | oute Number, City or Town,   |  | 20c. Relationship  |  |
| IFORMANT        | Roberta Gree   | ene  | 106 S   | . Ridge St  | . Crown   | Point IN   | 46307  | Wife   |  |
|                 | 21a. METHOD OF DISPOSITION   | Entombment   | 216 DATE AND PLACE (  | OF DISPOSITION (Name of   | of cemetery cremi   | atory, or 21   | LOCATION City  |  |  |
| ,               |  | Removal from State   | other place) Mar  | ch 2, 2004  | -   | 100  | Angele State   | THE DO ST.   |  |
|                 | Burial Cremation   | Calumet P  | Calumet Park Cemetery   |   |   | 12 -=  |  |  |  |
|                 | Clief (Apocity)  |  |   |   |   |  |  | .rre; indiana  |  |
| ISPOSITION      | 22a. EMBALMER'S NAME   |  | 22b. EMBALMER'S   | LICENSE NO.   | 23. W   | VAS DEATH REPORTED   | # T-4  |  |  |
| 101 00111011    | Kevin M. Knaga   | a NO   | FD204000  | 005   | ATI   | — — ·~   |  | we we  |  |
|                 | 24a. SIGNATURE OF FUNERAL D  | URECTOR 1  |   | CENSE NUMBER  |   | ADDRESS, AND LICENS  |  |  |  |
|                 | (of Licensee) Geisen Funeral Home FH19900060   |  |   |   |   |  |  |  |  |
|                 | Kevin  | - M. Kn  | aga FD2   | 20400005  | 109 N   | . East St., Cr   | own Point  | Indiana 46307-   |  |
|                 | 26. PART! Enter the diseas   | es, injuries, or complications that cause  | ed the death. Do not enter n  | onspecific terms, such as   |   |  | # Make   | Approximate  |  |
|                 |  | heart failure. List only one cause on ea   |   | •   |   |  |  | Interval Between   |  |
|                 |  | Ch   | tedo o ma   | ruchae I  | 100 G   | chaean   |  | Onset and Death  |  |
|                 | IMMEDIATE CAUSE (Final disease or condition  |  | R AS A CONSEQUENCE O  |   | 1   | S Tovered 19   |  |  |  |
| AUCE OF         | resulting in death)  |  |   |   |   |  |  |  |  |
| AUSE OF<br>EATH | Conditions, if any, which gave   | DUE TO (OF   | DUE TO (OR AS A CONSEQUENCE OF):  |   |   |  | MAY 2 6 2009   |  |  |
|                 | rise to the immediate cause  | 6  |   |   |   |  | 1-17-1 Z 0 Z000  |  |  |
|                 |  | U  | DUE TO (OR AS A CONSEQUENCE OF):  PEGGY HOLINGA KATONA  |   |   |  |  | ***************************************  |  |
|                 | stating the underlying<br>cause last   | DUE TO (OI   | d.  |   |   | DECO   | V LIAI INIA  | AVATANA  |  |
|                 |  | DUE TO (O.   |   |   |   | PEGG   | Y HOLING   | A KATONA   |  |
|                 | cause last   | d.   | I not previously stated in Pa   | d I 27 WAS D  | ECEDENT   | LAKE   | COUNTY   | AUDITOR  |  |
|                 | cause last   | d.   | t not previously stated in Pa   | PREG  | NANT OR 90 DA   | 28a. WAS AN AU<br>YS PERFORM   | COUNTY<br>TOPSY 28b.   | AUDITOR WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO   |  |
|                 | PART II Other significant condition  | d. www. Atem T   | t not previously stated in Pa   | PREG  | NANT OR 90 DAY<br>PARTUM?   | 28a. WAS AN AU   | COUNTY<br>TOPSY 28b.   | AUDITOR<br>WERE AUTOPSY FINDINGS   |  |
|                 | PART II Other significant condition  | d.   | t not previously stated in Pa   | PREG<br>POST  | NANT OR 90 DAY<br>PARTUM?   | YS 28a. WAS AN AU PERFORM (Yes or no)  | COUNTY<br>TOPSY 28b.   | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)   |  |
|                 | cause last  PART II Other significant condition  Control  A  | d. www. Atem T   | t not previously stated in Pa   | PREG<br>POST  | NANT OR 90 DAY<br>PARTUM?   | 28a. WAS AN AU<br>YS PERFORM   | COUNTY<br>TOPSY 28b.   | AUDITOR WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE   |  |
|                 | Cause last  PART II Other significant condition  Condition  29a. CERTIFIER (Check only   | d. www. Atem T   | inforction  | PREG<br>POST<br>(Yes  | DANT OR 90 DA' PARTUM? or no)   | YS 28a. WAS AN AU PERFORM (Yes or no)  | COUNTY<br>TOPSY<br>ED?   | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)   |  |
|                 | PART II Other significant condition  Control  29a. CERTIFIER (Check only)  | d.  ans - Conditions contributing to death but  ARM T  WCCTALCA  | Entre Char  | PREG POST (Yes of pocurred at the time, date.   | PARTUM? or no) , and place, and de  | YS 28a. WAS AN AU PERFORM (Yes or no)  | COUNTY<br>TOPSY 28b.<br>ED?  | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)   |  |
|                 | PART II Other significant condition of the si | d.  ARM  CERTIFYING PHYSICIAN  To the b  HEALTH OFFICER On the basis of examina  | Entre Char  | PREG POST (Yes of pocurred at the time, date, attor, in my opinion, death   | PARTUM? or no) , and place, and doccurred at the tin  | YS 28a. WAS AN AU PERFORM (Yes or no)  No ue to the cause(s) as state me, date, and place, and de-                               | COUNTY TOPSY 28b. ED?  | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO  |  |
|                 | Cause last  PART II Other significant condition  29a. CERTIFIER (Check only one)   | d.  ARM  CERTIFYING PHYSICIAN  To the b  HEALTH OFFICER On the basis of examina  | est of my knowledge, death  | PREG POST (Yes of pocurred at the time, date, attor, in my opinion, death   | enant OR 90 DA' PARTUM? or no)  and place, and di occurred at the tin did at the time, date         | YS  28a. WAS AN AU PERFORM (Yes or no)  NO  ue to the cause(s) as stated ne, date, and place, and due to the MEDICAL LICENSE NO. | COUNTY TOPSY 28b. ED?  I. e to the cause(s) as secuse(s) and manner                | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  stated.  ar as stated.  ATE SIGNED (Month, Day, Year)  |  |
| ERTIFIER        | PART II Other significant condition of the si | d.  ARM  CERTIFYING PHYSICIAN  To the b  HEALTH OFFICER On the basis of examina  | est of my knowledge, death  | PREG POST (Yes of pocurred at the time, date, attor, in my opinion, death   | enant OR 90 DA' PARTUM? or no)  and place, and di occurred at the tin did at the time, date         | YS 28a. WAS AN AU PERFORM (Yes or no)  No  ue to the cause(s) as state me, date, and place, and due to the                       | COUNTY TOPSY 28b. ED?  I. e to the cause(s) as secuse(s) and manner                | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO  |  |
| ERTIFIER        | Cause last  PART II Other significant condition  29a. CERTIFIER (Check only one)   | d.  MR. To the basis of examinate CERTIFIER  d. To the basis of examinate CERTIFIER  | est of my knowledge, death examination and/or investigation, in   | occurred at the time, date, atton, in my opinion, death occurred  | enant OR 90 DA' PARTUM? or no)  and place, and di occurred at the tin did at the time, date         | YS  28a. WAS AN AU PERFORM (Yes or no)  NO  ue to the cause(s) as stated ne, date, and place, and due to the MEDICAL LICENSE NO. | COUNTY TOPSY 28b. ED?  I. e to the cause(s) as secuse(s) and manner                | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  stated.  ar as stated.  ATE SIGNED (Month, Day, Year)  |  |
| ŀ               | 29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF   | d.  CERTIFYING PHYSICIAN To the b HEALTH OFFICER On the basis of examinations of the basis of examinati | est of my knowledge, death examination and/or investigation, in DEATH (ITEM 28) (Type                                       | occurred at the time, date, atton, in my opinion, death occurred  | ANATOR 90 DA' PARTUM? or no)  and place, and di occurred at the time, date the time, date           | ys 28a. WAS AN AU PERFORM (Yes or no)  No  ue to the cause(s) as stated the date, and place, and due to the MEDICAL LICENSE NO.  | COUNTY TOPSY 28b.  te to the cause(s) as a cause(s) and manner 29d. D.             | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  Stated.  ATE SIGNED (Month, Day, Year)   |  |
|                 | 29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF   | d.  CERTIFYING PHYSICIAN To the b HEALTH OFFICER On the basis of examinate CERNFIER  CERTIFYING PHYSICIAN TO THE BENEFIER  CORONER On the basis of examinate CERNFIER  CERNFIER  CERNFIER  CRONULL COMPLETED CAUSE OF THE COMPLETE CAUSE OF THE CERNFIER  RESON WHO COMPLETED CAUSE OF THE CERNFIER  CER | est of my knowledge, death examination and/or investigation, in DEATH (ITEM 28) (Type                                       | occurred at the time, date, atton, in my opinion, death occurred  | ANATOR 90 DA' PARTUM? or no)  and place, and di occurred at the time, date the time, date           | ys 28a. WAS AN AU PERFORM (Yes or no)  No  ue to the cause(s) as stated the date, and place, and due to the MEDICAL LICENSE NO.  | to the cause(s) as a cause(s) and manner 29d. D                                    | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  stated.  ar as stated.  ATE SIGNED (Month, Day, Year)  |  |
| EALTH           | 29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF X  30. NAME AND ADDRESS OF PEI  Dr. Rakesh Ka   | d.  CERTIFYING PHYSICIAN To the b HEALTH OFFICER On the basis of examinate CERNFIER  CERTIFYING PHYSICIAN TO THE BENEFIER  CORONER On the basis of examinate CERNFIER  CERNFIER  CERNFIER  CRONULL COMPLETED CAUSE OF THE COMPLETE CAUSE OF THE CERNFIER  RESON WHO COMPLETED CAUSE OF THE CERNFIER  CER | est of my knowledge, death examination and/or investigation, in DEATH (ITEM 28) (Type                                       | occurred at the time, date, atton, in my opinion, death occurred  | ANAT OR 90 DA' PARTUM? or no)  and place, and di occurred at the time, date dat the time, date      | ys 28a. WAS AN AU PERFORM (Yes or no)  No  ue to the cause(s) as stated the date, and place, and due to the MEDICAL LICENSE NO.  | topsy 28b.  e to the cause(s) as a cause(s) and manner 29d. D.  N 46307            | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  stated.  are signed (Month, Day, Year) TE FILED (Month, Day, Year)   |  |
| EALTH           | 29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF  30. NAME AND ADDRESS OF PEI  Dr. Rakesh Ka:  31. HEALTH OFFICER'S SIGNATURE.   | d.  CERTIFYING PHYSICIAN To the b HEALTH OFFICER On the basis of examine CERTIFIER  RESON WHO COMPLETED CAUSE OF  STATE  RESON WHO COMPLETED CAUSE OF   | est of my knowledge, death examination and/or investigation, in  EDEATH (ITEM 28) (Type                                     | occurred at the time, date, atton, in my opinion, death occurred with my opinion, death occurred with the state occurred with | ANAT OR 90 DA' PARTUM? or no)  and place, and di occurred at the time, date dat the time, date      | ys 28a. WAS AN AU PERFORM (Yes or no)  No  ue to the cause(s) as stated the date, and place, and due to the MEDICAL LICENSE NO.  | topsy 28b.  e to the cause(s) as a cause(s) and manner 29d. D.  N 46307            | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  Stated.  ATE SIGNED (Month, Day, Year) TE FILED (Month, Day, Year)   |  |
| EALTH           | 29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF X  30. NAME AND ADDRESS OF PEI  Dr. Rakesh Ka   | d.  CERTIFYING PHYSICIAN To the b HEALTH OFFICER On the basis of examinate CERNFIER  CERTIFYING PHYSICIAN TO THE BENEFIER  CORONER On the basis of examinate CERNFIER  CERNFIER  CERNFIER  CRONULL COMPLETED CAUSE OF THE COMPLETE CAUSE OF THE CERNFIER  RESON WHO COMPLETED CAUSE OF THE CERNFIER  CER | est of my knowledge, death examination and/or investigation, in DEATH (ITEM 28) (Type                                       | occurred at the time, date, atton, in my opinion, death occurred  | ANAT OR 90 DA' PARTUM? or no)  and place, and di occurred at the time, date dat the time, date      | ys 28a. WAS AN AU PERFORM (Yes or no)  No  ue to the cause(s) as stated the date, and place, and due to the MEDICAL LICENSE NO.  | topsy 28b.  e to the cause(s) as a cause(s) and manner 29d. D.  N 46307            | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  Stated.  ATE SIGNED (Month, Day, Year) TE FILED (Month, Day, Year)   |  |
| EALTH           | 29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF  30. NAME AND ADDRESS OF PEI  Dr. Rakesh Ka  31. HEALTH OFFICER'S SIGNATURE  33. MANNER OF DEATH  | d.  CERTIFYING PHYSICIAN To the b HEALTH OFFICER On the basis of examine CERTIFIER  CORONER On the basis of examine CERTIFIER  RESON WHO COMPLETED CAUSE OF  MSA1 297 W. Fra  JAA. DATE OF INJURY  | est of my knowledge, death examination and/or investigation, in  FDEATH (ITEM 28) (Type anciscan LN  34b. TIME OF           | occurred at the time, date, ation, in my opinion, death occurred.  Print: Suite 20  | ANAT OR 90 DA' PARTUM? or no)  and place, and di occurred at the time, date dat the time, date      | ys 28a. WAS AN AU PERFORM (Yes or no)  No  ue to the cause(s) as stated the date, and place, and due to the MEDICAL LICENSE NO.  | topsy 28b.  e to the cause(s) as a cause(s) and manner 29d. D.  N 46307            | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  stated.  are signed (Month, Day, Year) TE FILED (Month, Day, Year)   |  |
| EALTH           | 29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF SIGNATURE AND ADDRESS OF PEI  29c. Rakesh Ka  31. HEALTH OFFICER'S SIGNATURE AND TITLE OF SIGNATURE | d.  CERTIFYING PHYSICIAN To the b HEALTH OFFICER On the basis of examina CERTIFIER  RESON WHO COMPLETED CAUSE OF  MEALTH OFFICER ON THE BASIS OF EXAMINA CERTIFIER  34a. DATE OF INJURY (Month, Day, Year)   | est of my knowledge, death examination and/or investigation, in  FDEATH (ITEM 28) (Type anciscan LN  34b. TIME OF           | occurred at the time, date, ation, in my opinion, death occurred.  Print: Suite 20  | ANAT OR 90 DA' PARTUM? or no)  and place, and di occurred at the time, date dat the time, date      | ys 28a. WAS AN AU PERFORM (Yes or no)  No  ue to the cause(s) as stated the date, and place, and due to the MEDICAL LICENSE NO.  | topsy 28b.  e to the cause(s) as a cause(s) and manner 29d. D.  N 46307            | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  Stated.  ATE SIGNED (Month, Day, Year) TE FILED (Month, Day, Year)   |  |
| EALTH           | 29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF  30. NAME AND ADDRESS OF PEI  Dr. Rakesh Ka  31. HEALTH OFFICER'S SIGNATURE  33. MANNER OF DEATH  | d.  CERTIFYING PHYSICIAN To the b HEALTH OFFICER On the basis of examine CERTIFIER  RESON WHO COMPLETED CAUSE OF  MSA1 297 W. Fra  JAA. DATE OF INJURY (Month, Day, Year)  | est of my knowledge, death examination and/or investigation, in  FDEATH (ITEM 28) (Type anciscan LN  34b. TIME OF           | occurred at the time, date, atton, in my opinion, death my opinion, death occurred.    Suite 20   | NANT OR 90 DA' PARTUM? or no)  and place, and di occurred at the time, dat the time, date 299 Crown | ys 28a. WAS AN AU PERFORM (Yes or no)  No  ue to the cause(s) as stated the date, and place, and due to the MEDICAL LICENSE NO.  | e to the cause(s) as a cause(s) and manne 29d. D                                   | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  Stated.  ATE SIGNED (Month, Day, Year) TE FILED (Month, Day, Year)  TE FILED (Month, Day, Year)  WE CERTIFICATE OF   |  |
|                 | cause last  PART II Other significant condition  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF  30. NAME AND ADDRESS OF PEI  Dr. Rakesh Ka  31. HEALTH OFFICER'S SIGNATURE  33. MANNER OF DEATH  Natural Pending Investigation  Accident  Suicide Could not I   | d.  CERTIFYING PHYSICIAN To the b HEALTH OFFICER On the basis of examine CERNFIER  RSON WHO COMPLETED CAUSE OF  RSA1 297 W. Fra  JAB. DATE OF INJURY (Month, Day, Year)  Day  See Building, etc. (1)   | est of my knowledge, death examination and/or investigation, in  F DEATH (ITEM 28) (Types  Anciscan LN  34b. TIME OF INJURY | occurred at the time, date, atton, in my opinion, death my opinion, death occurred.    Suite 20   | NANT OR 90 DA' PARTUM? or no)  and place, and di occurred at the time, dat the time, date 299 Crown | ue to the cause(s) as stated me, date, and place, and due to the MEDICAL LICENSE NO.   | e to the cause(s) as a cause(s) and manne 29d. D                                   | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  Stated.  ATE SIGNED (Month, Day, Year) TE FILED (Month, Day, Year)  TE FILED (Month, Day, Year)  WE CERTIFICATE OF   |  |
| EALTH           | cause last  PART II Other significant condition  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF  30. NAME AND ADDRESS OF PEI  Dr. Rakesh Ka  31. HEALTH OFFICER'S SIGNATURE  33. MANNER OF DEATH  Natural Pending Investigation  | d.  CERTIFYING PHYSICIAN To the b HEALTH OFFICER On the basis of examine CERNFIER  RSON WHO COMPLETED CAUSE OF  RSA1 297 W. Fra  JAB. DATE OF INJURY (Month, Day, Year)  Day  See Building, etc. (1)   | est of my knowledge, death examination and/or investigation, in  F DEATH (ITEM 28) (Types  Anciscan LN  34b. TIME OF INJURY | occurred at the time, date, atton, in my opinion, death my opinion, death occurred.    Suite 20   | NANT OR 90 DA' PARTUM? or no)  and place, and di occurred at the time, dat the time, date 299 Crown | ue to the cause(s) as stated me, date, and place, and due to the MEDICAL LICENSE NO.   | e to the cause(s) as a cause(s) and manne 29d. D                                   | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)  NO  NO  Stated.  ATE SIGNED (Month, Day, Year) TE FILED (Month, Day, Year)  ATE FILED (Month, Day, Year)  COMPLETION OF CAUSE OF DEATH (No. 1)  TO STATE SIGNED (Month, Day, Year)  COMPLETE Signed (Month, Day, Year) |  |