

12+2 VET

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.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 3999-04 CERTIFICATE OF DEATH State No. 84192 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for 1. DECEASED-NAME, 2. SEX, 3a. TIME OF DEATH, 3b. DATE OF DEATH, 4. SOCIAL SECURITY NUMBER, 5a. AGE, 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH, 7. BIRTHPLACE, 8a. WAS DECEDENT A U.S. VETERAN?, 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?, 9a. PLACE OF DEATH, 9b. FACILITY NAME, 9c. CITY, TOWN, OR LOCATION OF DEATH, 9d. COUNTY OF DEATH, 10. MARITAL STATUS, 11. SURVIVING SPOUSE, 12a. DECEDENT'S USUAL OCCUPATION, 12b. KIND OF BUSINESS/INDUSTRY, 13a. RESIDENCE-STATE, 13b. COUNTY, 13c. CITY, TOWN, OR LOCATION, 13d. STREET AND NUMBER, 13e. ZIP CODE, 13f. INSIDE CITY LIMITS, 13g. ON A FARM?, 14. CITIZEN OF WHAT COUNTRY?, 15. WAS DECEDENT OF HISPANIC ORIGIN?, 16. RACE, 17. DECEDENT'S EDUCATION, 18. FATHER'S NAME, 19. MOTHER'S NAME, 20a. INFORMANT'S NAME, 20b. MAILING ADDRESS, 20c. Relationship, 21a. METHOD OF DISPOSITION, 21b. DATE AND PLACE OF DISPOSITION, 21c. LOCATION-CITY or Town, State, 22a. EMBALMER'S NAME, 22b. EMBALMER'S LICENSE NO., 23. WAS DEATH REPORTED TO CORONER?, 24a. Signature, 24b. LICENSE NUMBER, 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME, 26. PART I, IMMEDIATE CAUSE, 27. PART II, Other significant conditions, 28. CERTIFIER, 29. SIGNATURE AND TITLE OF CERTIFIER, 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, 31. HEALTH OFFICER'S SIGNATURE, 32. DATE FILED, 33. MANNER OF DEATH, 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT.

NOT LEGAL Document is the property of State of Indiana

CA. OF LUNG with Brain Metastases, FILED SEP 21 2009, HOLLINGDALE COUNTY, INDIANA