INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 1. Decedent's Legal Name (First, Middle, Last)	45-0	28 - 23-	32 S	3 - OC	8 = 2	Sex /	Osta 3. Time	te No	J Z_C	Death (Month/Day/Year)	
HERBERT D. WARREN 5. Social Security Number 6a. Age - Yrs 6b. Under 1 Year 6c. Under 1 Month 6d. Under				N			8:05 A.M. November 26, 2			mber 26, 200	
411-44-2227 84	Months Days		Minutes		July 4,			Eaton,	Tarres (A		
		Outpatient 🔲 Dead On Arriva			Decedent's Home		a/Long-Te	rm Care Facility	☐ Other (Spe	cify)	
VNA Hospice Center									8		
12. City Or Town, State, And Zip Code Valparaiso, IN 46383 15. Surviving Spouse's Name 15a. (If Wife)Give			13. County Of Death Porter ast Name 16. Decedent's Usual Occupation			tion		14. Marital Status At Time Of Death Married			
Lavonia Warren		Johnson	1.406		worker			Steel	8		
18. Residence – State	18a, County			Lake Station							
18c. Street And Number 3357 Florida St.					- J. 41 - L.	18d. Apt. N	0.	18e. Zip		18f. Inside City Limits?	
19. Decedent's Education		edent Of Hispanic Origin	* 1 - 1	1 1 1 1 1 1	edent's Race			101			
9-12 No Diploma 22. Father's Name (First, Middle, Last)	No n	ot Spanish/Hisp		no Whi ther's Name (Fire				23a.	Mother's Maio	len Last Name	
Preacher H. Warren	24a.	Mamie G. Warren Relationship To Decedent 24b. Mailing Address (Street And Number, C				. Citv. State. Zip C	ode)	Ar	<u>y </u>		
Lavonia Warren	W	ife Do	335	7 Florie	da St., L	m to see and a		, IN 4	6405	a The age of the control	
25a. Method Of Disposition.		sition (Name Of Cemetery, Cre	25. Place Of Dematory, Other Place		25c. Location – Ci	ity, Town, And Sta	ite	<u> </u>	(**)		
☑ Burial ☐ Cremation ☐ Donation ☐ Entombm ☐ Removal From State ☐ Other (Specify):		en Memorial	Park		Hobart,	IN 463	42	- 31	٦,		
<u> </u>	and the second second second	Funeral Facility e, 600 West Old		tne p	ovass1H	obart Ind	liana	46342°	Name of the last	ral Home Eigense Number:	
27b. Signature Of Indiana Funeral Service Licensee				. <u>,</u>		27c. License Nu	ımber (Of	Licensee)		3 4 2	
James J	- Was	Cause Of Death	h (See Instru	ictions And	Examples)	FD01	006	463 👼	9		
28. Part I. Enter The Chain Of Events—Dis Such As Cardiac Arrest, Respiratory Arrest, A Line. Add Additional Lines If Necessary.	eases, Injuries, Or Comp Or Ventricular Fibrillation	olications—That Directly (Mithout Showing The E	Caused The De tiology. Do No	eath, Do Not i t Abbreviate.	Enter Terminal I Enter Only One	Events Cause On				Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition	on Resulting In Death			Aspiva	Due To (Or As A Corps	Phewi	w	na			
Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disea				a	Due To (Or As A Copy	equence Of):					
The Events Resulting in Death) Last		D.	~80000		Jue To (QrAFA Cons	equence Of):					
Part II. Enter Other Significant Conditions Contribution	g To Death But Not Resulting	g In The Underlying Cause Giv	ven In Part I		29. Was An Autop 30. Were Autopsy			Yes INC		☐ Yes ☐ No	
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No Mountain	32 If Female: ☐ Not Pregnant Within P	ast Year	Death Determinen	ant, But Pregnant W	thin 42 Days Of Death	33. Manne		th:	Pending Investiga	fion	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	gpan 43 Day To 1 Y Before	u I kn li ia Plac /ju	Pregnant Within Th		☐ Suicide	Could N	ot Be Determined		Injury At Work?	
38. Location Of Injury - State	38a. City Or Town	DEC 03	2009 eet & Nu	mbar				38c. Apt. N	o. 38d.	Zip Code	
PEGGY HOLINGA LAKE COUNTY A				KATONA UDITOR			r/Operator	tion Injury, Spec	A CONTRACT OF	ther (Specify)	
41. Signature, Of Person Certifying Cause Of Death:				☑ Certifying Physician ☐ Coroner ☐ Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jose Agusti MD, 2640 Hamstrom Road Portage 46. Additional Funeral Service Provider:				e, IN 46368				44. License Number 45. Date Certified 101061624A 12-1-09			
							*Akas:				
48. Signature of Local Health Officer:					49. Fe	or Registrar Only	- Date F	iled (Month/Day	Year):		