This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

## PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

| V -  | 1. DECGASED-NAME (First Middle Last) CHARLES E. DARRELL  |  |  |  |  |  | 2. SEX 3a TIME OF DEATH Male 11:40AM   |  |  | 3b. DATE OF DEATH (Month Day Yr)  December 21, 2005  |   |   |  |
|--|--|--|--|--|--|--|--|--|--|--|---|---|--|
| ANENT  |  | CURITY NUMBER  |  | 5a. AGE - Last Birihday<br>(Years)   | 5b. UNDER 1 YEAR   | 5c. UNDEF  | R 1 DAY 6. DAT   | E OF BIRTH (Mo Ca  |  |  |   | NOTE: I BUILDING A  |  |
| KINK   | The second secon | 6079   |  | 92   | Months Days Hours  |  | March 15, 1913   |  |  | 7. BIRTHPLACE (City and State or Foreign Count<br>Canonsburg, Pennsylvania   |   |   |  |
|  | 8a. WAS DECEDENT St. A U.S. VETERAN?   |  | 8b.  | YEAR LAST SERVED IN<br>U.S. ARMED FORCES   | HOSPITAL IN  | 9a PLA   |  |  | LACE OF DEATH (Check only one. S   |  | See instructions)   |   |  |
|  | No   |  |  | N/A  | HOSPITAL A Inpatient  ER/Outpatient  |  | OTHER   Mursing Home   |  | rsing Home   | C D Other (Specify)  |   |   |  |
| ENT  | 9b. FACILITY NAME (If not institution, give  |  |  | street and number)   | L. EH/Culpatient   |  | 9c. CITY TOWN OR LOCATION OF DEATH   |  | sidence<br>ATH   | 9d. COUNTY OF DEATH  |   |   |  |
|  | Regency Hospital-Porter Cnty   |  |  |  | Portage  |  |  |  |  | Porter   |   |   |  |
|  | 10. MARITAL STATUS 11<br>(Specify)   |  | 11. 3  | SURVIVING SPOUSE<br>If wife, give malden name)   | 12a DECEI  |  | DENT'S USUAL OCCUPATION (Give kind o<br>during most of working life. Do not use retir  |  | of work  |  |   | DUCTOV  |  |
|  | Married  |  |  | e Zwingalis  |  | Industria  | l Managemer  | ng life. Do not use ret<br>nt  | red)   | Steel  |   |   |  |
|  | 13a RESIDENCE - STATE  |  | 13b. CC  | YTAU   | 13c. CITY TOWN OR LOCATION   |  |  |  | 13d. STREET AND NUMBE  |  | ER  |   |  |
| 1-11   | 13e. ZIP CODE  | 105 110100 0   | Lake   |  | Lake Station   | <u> </u>   |  | 2320 Rív   | erside D   | rive   |   |   |  |
|  | TOO. ZIF CODE  | 13f. INSIDE CI   |  | 14. CITIZEN OF<br>WHAT COUNTRY?  | 15. WAS DECEDENT   |  |  | RACE - American  | ndian  | 17. DE   | CEDENT'S ED   | UCATION   |  |
|  | 13g. ON A FAR  |  | RM?  | USA  | Mexican, Puerto Rican, etc.)   |  | City Cuban,  | Black, White, etc.<br>(Specify)  |  | (Specify only highest grade completed)   |   |   |  |
|  | 46405  | IXI No [X  |  |  |  |  |  | White  |  | отпатива уурасопса   |   | College (1-4 or 5<br>5+   |  |
| 3  | 18. FATHER'S NA  |  | Last)  |  |  | - 1 - 1 - 4.<br>- 1 - 2 - 4.   | 19. MOTHER'S N   | AME (First, Middle, M  | aiden Surnan   | ne)  |   | J   |  |
|  | Not Availa   |  |  |  |  |  | Not Availa   | ble  | - House  |  | 9   |   |  |
| NT   | 20a INFORMANT'S NAME (Type/Print)  |  |  |  | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. Relationship  |  |  |  |  |  |   | elationship   |  |
|  | Estelle Darrell  |  |  |  | 2320 Riverside Drive, Lake Station, IN 46405   |  |  |  |  |  |   |   |  |
|  | 21a METHOD OF DISPOSITION  |  |  |  | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  |  |  |  |  | LOCATION - City  |   |   |  |
|  |  | ☐ Other (Specif  |  | oval from State  | December 23, 2   | 005  |  |  |  |  | N   |   |  |
|  | 22a. EMBALMER'S  | <u> </u>   |  |  | Galvary Cemete   | AFER ALL STREET  | 4 10   |  | 1  | rtage, India   | na <del></del>  |   |  |
|  | James J. K   |  |  |  | The state of the s | 23. WAS DEATH REPORT   |  |  |  |  | <b>-</b>  | The second  |  |
|  | 24e SIGNATIDE OF FUNERAL DIFFEREN  |  |  |  |  |  |  |  |  |  |   |   |  |
|  | (of License)  25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME  |  |  |  |  |  |  |  |  |  |   |   |  |
|  |  | Dryo-  | S N  | ) This L   |  | 1006049  | - 4378   | es Funeral Ho<br>31 Central Ave  | me, Bra<br>enue L  | dy Chapel<br>ake Station   | 1. IN 4640  | )5  |  |
|  | 26. PART I   | Enter the disc<br>arrest, shock,   | pases injune<br>or heart fai   | s or complications that cause lure. List only one cause  | used the death. Do not exon each line.   |  | - 4378   | 31 Central Ave   | ome, Bra<br>enue , L   | ake Station  | Approx<br>Interva   | THE RESERVE OF THE PERSON NAMED IN                              |  |
| JM<br>di   | 26. PART I   | Enter the disc<br>arrest, shock,   | oases injune<br>or heart fai   | a.   | ised the death. Do not e   | ntor nonspecific   | - 4378   | 31 Central Ave   | ime, Bra<br>enue , L   | ake Station  | Approx<br>Interva<br>Onset  | imate<br>Between  |  |
| di<br>F  | MMEDIATE CAUSE<br>disease or condition<br>esulting in death  | Enter the disc<br>arrest, shock,   | pases injune<br>or heart tai   | a. Due to  | on each line.  On AS A CONSEQUENCE  ON AS A CONSEQU | E OF   | - 4378   | 31 Central Ave   | me, Bra<br>enue , L  | ake Station  | Approx<br>Interva<br>Onset  | imate<br>I Between<br>and Death                                 |  |
| F. re  | 26. PART I   | Enter the disk<br>arrest, shock,<br>E (Final   | pases injurie<br>or heart fai  | a. Due to  | used the death. Do not e. on each line.  | E OF   | leims such as cardia   | 31 Central Ave   | me, Bra  | ake Station  | Approx<br>Interva<br>Onset  | imate<br>  Between<br>and Death                                 |  |
| F C C ris  | MMEDIATE CAUSE disease or condition esulting in death conditions if any will se to the immediat tating the underlying.   | Enter the dis- arrest, shock,  E (Final hich gave te cause   | pases injune<br>or heart tai   | a journo (   | on each line.  On AS A CONSEQUENCE  ON AS A CONSEQU | E OF)  | leims such as cardia   | 31 Central Ave   | me, Bra  | ake Station  | Approx<br>Interva<br>Onset  | imate<br>  Between<br>and Death                                 |  |
| F C C ris  | MMEDIATE CAUSE<br>fisease or condition<br>esulting in death<br>conditions if any will<br>se to the immediat  | Enter the dis- arrest, shock,  E (Final hich gave te cause   | VI TITAL TO  | a journo (   | on as a consequence  | E OF)  | leims such as cardia   | 31 Central Ave   | me Bra   | RECORD.  | Approx<br>Interva   | imate   Between and Death                                       |  |
| F control of the cont | MMEDIATE CAUSE<br>disease or condition<br>esulting in death<br>conditions if any wi<br>se to the immediat<br>tating the underlyin<br>ause last   | Enter the disk arrest, shock,  E (Final n hich gave te cause   | VI HYGES (all  | a. †OUE TO (   | or as a consequence  | E OF) E OF) E OF)  | leims such as cardia   | 31 Central Ave   | enue, L  | RECORDE  | Approx<br>Interval<br>Inset<br>In y   | imate   Between and Death                                       |  |
| F Constant State S | MMEDIATE CAUSE<br>disease or condition<br>esulting in death<br>conditions if any wi<br>se to the immediat<br>tating the underlyin<br>ause last   | Enter the disk arrest, shock,  E (Final n hich gave te cause   | VI HYGES (all  | a JOUE TO (  | or as a consequence  | E OF) E OF) E OF)  | leims such as cardia   | DAYS 28a W PE  | AS AN AUTO AS AN AUTO AS AN OTO AS A | MICHAEL A. BR  | Approximately and the second s  | imate  Between and Death  C  C  B  B  B  B  B  B  B  B  B  B  B |  |
| 18 dd di re Co ris st st ca  | MMEDIATE CAUSE disease or condition esulting in death conditions if any wise to the immediate tating the underlyinause last  ART II. Other sign  | Enter the disc<br>arrest, shock,<br>E (Final<br>hich gave<br>te cause<br>ng  | Conditions   | a. joue to () b. DUE TO () c. DUE TO () d. contributing to death but   | on as a consequence  | E OF)  E OF)  E OF)  Art I. 27.  | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no)  | DAYS 28a W PE  | AS AN AUTO AS AN AUTO SISTEMA OF THE O   | ALCORDER PROPER  | Approx<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Interval<br>Inter | imate  Between and Death  C  C  B  B  B  B  B  B  B  B  B  B  B |  |
| 18 di di re C G ris st ese 29 P. P. 29   | MMEDIATE CAUSE disease or condition esulting in death conditions if any wise to the immediatating the underlyinause last   | Enter the disk arrest, shock,  E (Final  hich gave te cause ng   | Conditions   | a.  BUE TO (  C.  DUE TO (  C.)  DUE TO (  C.)  DUE TO (  C.)  DUE TO (  C.)  PHYSICIAN To the best  | on as a consequence on a co | E OF)  E OF)  art i. 27.   | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no) NO   | DAYS 28a W PP (Y   | AS AN AUTO AS ON AUTO SIS OF NO)   | NECONDER DE  | Approximateryal Interval Inter  | imate  Between and Death  C  C  B  B  B  B  B  B  B  B  B  B  B |  |
| 18 did rec C rist st et  | MMEDIATE CAUSE lisease or condition esulting in death conditions if any wi se to the underlyir ause last  ART II. Other sign  CERTIFIER (Check only one)   | Enter the disc<br>arrest, shock,<br>E (Final   | Conditions  ERTIFYING  HEALTH OF I   | a.  †DUE TO  c.  DUE TO  d.  PHYSICIAN To the best  FICER On the basis of ex-  | used the death. Do not even each line.  OR AS A CONSEQUENCE  OR AS A CON | E OF)  E OF)  art I. 27.  occurred at the tation in my opinin  | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no) NO   | DAYS  28a. W. P. Y.  | AS AN AUTO IRFORMED? IS or no)  (6) as stated blace and du   | RESTATION AND BROWN AND BR | Approximately and the state of   | imate   Between and Death   Between                             |  |
| 18 did rec C rist st et  | MMEDIATE CAUSE disease or condition esulting in death conditions if any wise to the immediat tating the underlyinause last  ART II. Other sign Check only  | Enter the disc<br>arrest, shock,<br>E (Final   | Conditions  ERTIFYING  HEALTH OF I   | a.  BUE TO (  C.  DUE TO (  C.)  DUE TO (  C.)  DUE TO (  C.)  DUE TO (  C.)  PHYSICIAN To the best  | used the death. Do not even each line.  OR AS A CONSEQUENCE  OR AS A CON | E OF)  E OF)  art I. 27.  occurred at the tation in my opinin  | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no) NO lime, date, and place on death occurred at the tim                              | DAYS  28a. W. P. Y.  | AS AN AUTO AS AN AUTO REFORMED? IS or no)  No e(s) as stated d due to the  | PSY DEB.   | Approximately and the state of   | imate   Between and Death                                       |  |
| 18   | MMEDIATE CAUSE disease or condition esulting in death conditions if any wise to the immediate tating the underlyinause last  ART II. Other sign (Check only one)   | Enter the disk arrest, shock, E (Final hich gave te cause 19   | Conditions  ERTIFYING  ERALTH OFF  CORONER  THIFIER                                  | a. joue to  BUE TO  BUE TO  DUE TO  Contributing to death but  PHYSICIAN To the best  PICER On the basis of examination  | on as a consequence on each line.  OR AS A CONSEQUENCE OF my knowledge, death (comination and/or investigation in  | E OF)  E OF)  art I. 27.  occurred at the atton in my opinion death  | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no) NO lime, date, and place on death occurred at the tim                              | DAYS 28a. W. P. P. C. Y. And due to the causa at the time, date, and place are, etc. date, and place are.  | AS AN AUTO AS AN AUTO REFORMED? IS or no)  No e(s) as stated d due to the  | PSY BED.  cause(s) and ma  29d, D  | Approximately and the state of   | Month Day Year)   |  |
| 18 dd re C G rist st ce 29 29 29 29 29 30.   | MMEDIATE CAUSE isease or condition esulting in death conditions if any wise to the immediate tating the underlyinause last  ART II. Other sign (Check only one)  De. SIGNATURE AIR NAME AND ADD  | Enter the disk arrest, shock,  E (Final hich gave te cause 19 19 19 19 19 19 19 19 19 19 19 19 19  | Conditions  ERTIFYING  ERALTH OFF  CORONER  THIFIER                                  | a. joue to  BUE TO  BUE TO  DUE TO  DUE TO  Contributing to death but  PHYSICIAN To the best  PICER On the basis of examination  On the basis of examination  OMPLETED CAUSE OF DE   | on as a consequence on each line.  OR AS A CONSEQUENCE OF my knowledge, death (amination and/or investigation in   | E OF)  E OF)  art I. 27.  occurred at the attorn in my opinion deatt   | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no) NO lime, date, and place on death occurred at the tim                              | DAYS 28a. W. P. P. C. Y. And due to the causa at the time, date, and place are, etc. date, and place are.  | AS AN AUTO AS AN AUTO REFORMED? IS or no)  No e(s) as stated d due to the  | PSY BED.  cause(s) and ma  29d, D  | Approximateryal interval inter  | Month Day Year)   |  |
| 7748-686 180-00-96   | MMEDIATE CAUSE disease or condition esulting in death conditions if any wi se to the immediat tating the underlyir ause last  ART II. Other sign (Check only one)  D. SIGNATURE AL  NAME AND ADD  ADDUS Lakh   | Enter the disc<br>arrest, shock,<br>E (Final<br>hich gave<br>te cause<br>ng<br>In thick gave<br>te cause<br>ng<br>In thick gave<br>te cause<br>ng  | Conditions  ERTIFYING  ERALTH OFF  CORONER  THIFIER                                  | a. joue to  BUE TO  DUE TO  DUE TO  DUE TO  Contributing to death but  PHYSICIAN To the best  PICER On the basis of examination  | on as a consequence on each line.  OR AS A CONSEQUENCE OF my knowledge, death (amination and/or investigation in   | E OF)  E OF)  art I. 27.  occurred at the attorn in my opinion deatt   | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no) NO lime, date, and place on death occurred at the tim                              | DAYS 28a. W. P. P. C. Y. And due to the causa at the time, date, and place are, etc. date, and place are.  | AS AN AUTO AS AN AUTO REFORMED? IS or no)  No e(s) as stated d due to the  | PSY BED.  cause(s) and ma  29d, D  | Approximateryal interval inter  | Month Day Year)   |  |
| 77+48-686 29 29 30 A 31.   | MMEDIATE CAUSE disease or condition esulting in death conditions if any wi se to the immediat tating the underlyir ause last  ART II. Other sign  ART III. Other sign  CERTIFIER (Check only one)  NAME AND ADD  AD dus Lakha  HEALTH OFFICE   | Enter the distance of the cause | Conditions EERTIFYING REALTH OFI DORONER THIFIER N WHO CO                            | a. joue to ( b. DUE TO ( c. DUE TO ( d. DU | on as a consequence on each line.  OR AS A CONSEQUENCE OF my knowledge, death (amination and/or investigation in   | E OF)  E OF)  art I. 27.  occurred at the attorn in my opinion deatt   | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no) NO lime, date, and place on death occurred at the tim                              | DAYS  and due to the cause the time, date, and place are place are placed.  But the time, date, and place are placed.  | AS AN AUTO-REPORMED? So or no)  No  e(s) as stated due to the ISE NO   | PSY Beb.  Cause(s) and ma  29d. D  32 DA   | Approximateryal Interval Inter  | Month Day Year)   |  |
| 77+48-686 29 29 30 A 31.   | MMEDIATE CAUSE disease or condition esulting in death conditions if any wi se to the immediat tating the underlyir ause last  ART II. Other sign (Check only one)  D. SIGNATURE AL  NAME AND ADD  ADDUS Lakh   | Enter the distance of the cause | Conditions EERTIFYING REALTH OFI DORONER THIFIER N WHO CO                            | a. joue to b. DUE to c. DUE to d. DUE to d. Contributing to death but a PHYSICIAN To the best PICER On the basis of examinate contributions of examinate con | on as a consequence on each line.  OR AS A CONSEQUENCE OF my knowledge, death (amination and/or investigation in   | E OF)  E OF)  art I. 27.  occurred at the lation in my opinion deat  | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no) NO line, date, and place on death occurred at the tim                              | DAYS  and due to the cause the time, date, and place are place are placed.  But the time, date, and place are placed.  | AS AN AUTO<br>CHEFORMED?<br>So or no)  | A Station Report | Approximateryal Interval Inter  | Month Day Year)   |  |
| 18 di re Coristat e e e e e e e e e e e e e e e e e e  | MMEDIATE CAUSE disease or condition esulting in death conditions if any wi se to the immediat tating the underlyir ause last  ART II. Other sign  ART III. Other sign  CERTIFIER (Check only one)  NAME AND ADD  AD dus Lakha  HEALTH OFFICE   | Enter the disc arrest, shock, arrest, shock, thich gave the cause and the cause are should be cause are should be cause are should be cause are should be cause and the cause are should be cause are should be caused by the caus | Conditions  Conditions  ERTIFYING  GEALTH OF THE | a. joue to  BUE TO  BUE TO  DUE TO  DUE TO  Contributing to death but  PHYSICIAN To the best  PICER On the basis of examinate  On the basis of examinate  DMPLETED CAUSE OF DE  EVANS AVENUE,  ALL DATE OF INJURY  | on as a consequence on each line.  OR AS A CONSEQUENCE OR AS A CON | E OF)  E OF)  The occurred at the attent in my opinion death opinion death of the control of the | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no) NO line, date, and place on death occurred at the tim                              | DAYS  and due to the cause the time, date, and place are place are placed.  But the time, date, and place are placed.  | AS AN AUTO<br>CHEFORMED?<br>So or no)  | A Station Report | Approximateryal Interval Inter  | Month Day Year)   |  |
| 18 di re Coristat e e e e e e e e e e e e e e e e e e  | MMEDIATE CAUSE disease or condition esulting in death conditions if any wi se to the immediat tating the underlyir ause last  ART II. Other sign  ART III. Other sign  CERTIFIER (Check only one)  NAME AND ADD  AD dus Lakha  HEALTH OFFICE  MANNER OF DE   | Enter the distance of the cause | Conditions  ERTIFYING  IEALTH OFF  ORONER  N WHO CC  102 E. [                        | a.  joue to of the basis of examinate of examinate of the basis of examinate of the basis of examinate of the basis of exa | used the death. Do not ever each line.  OR AS A CONSEQUENCE OF AS  | et on period at the tation in my opinion deat the tation in my opi | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no)  NO  Itime, date, and place on death occurred at the time  Y AT WORK? r no)        | DAYS  28a. We per control of the time, date, and place are mediate, and place are mediate. Mediate are mediate. Mediate and place are mediate. Mediate are mediate. Mediate. Mediate are mediate. Mediate. Mediate are mediate. Mediate are mediate. Mediate are mediate. | AS AN AUTO<br>CHEFORMED?<br>So or no)  No  e(s) as stated du d due to the ISE NO   | A Security of the cause (s) and ma 29d. DA Voceunesse  | Approximateryal Interval Inter  | Month Day Year)   |  |
| 18 di re Coristat e e e e e e e e e e e e e e e e e e  | MMEDIATE CAUSE disease or condition esulting in death conditions if any wi se to the immediat taking the underlyir ause last  ART II. Other sign  ART II. Other sign  Check only one)  NAME AND ADD  AD dus Lakh  HEALTH OFFICE  MANNER OF DE  | Enter the distarrest, shock, arrest, shock, the first sho | ERTIFYING ERALTH OFI CORONER THEER N WHO CC  | a. joue to  BUE TO  BUE TO  DUE TO  DUE TO  Contributing to death but  PHYSICIAN To the best  PICER On the basis of examinate  On the basis of examinate  DMPLETED CAUSE OF DE  EVANS AVENUE,  ALL DATE OF INJURY  | used the death. Do not ever each line.  OR AS A CONSEQUENCE OF AS  | et on period at the tation in my opinion deat the tation in my opi | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no)  NO  Itime, date, and place on death occurred at the time  Y AT WORK? r no)        | DAYS  28a. We per control of the time, date, and place are mediate, and place are mediate. Mediate are mediate. Mediate and place are mediate. Mediate are mediate. Mediate. Mediate are mediate. Mediate. Mediate are mediate. Mediate are mediate. Mediate are mediate. | AS AN AUTO<br>CHEFORMED?<br>So or no)  No  e(s) as stated du d due to the ISE NO   | A Security of the cause (s) and ma 29d. DA Voceunesse  | Approximateryal Interval Inter  | Month Day Year)   |  |
| 5-09-17-37-066,000-031 949-8448-031 33 33 33 34 31 33  | MMEDIATE CAUSE disease or condition esulting in death conditions if any wi se to the immediat tating the underlyir ause last  ART II. Other sign  ART II. Other sign  Check only one)  NAME AND ADD  ADD Lakh  HEALTH OFFICE  MANNER OF DE  Natural  Accident  Suicide  Homicide   | Enter the disc arrest, shock, arrest | Conditions  Conditions  ERTIFYING  REALTH OF I  ORONER  TIFIER  102 E. [             | b. DUE TO ( c. DUE TO ( d. DUE | used the death. Do not ever each line.  OR AS A CONSEQUENCE OF AS  | et on period at the tation in my opinion deat the tation in my opi | WAS DECEDENT PREGNANT OR 90 POSTPARTUM? (Yes or no)  NO  Itime, date, and place on death occurred at the time  Y AT WORK? r no)        | DAYS  28a. We per control of the time, date, and place are mediate, and place are mediate. Mediate are mediate. Mediate and place are mediate. Mediate are mediate. Mediate. Mediate are mediate. Mediate. Mediate are mediate. Mediate are mediate. Mediate are mediate. | AS AN AUTO<br>CHEFORMED?<br>So or no)  No  e(s) as stated du d due to the ISE NO   | A Station Report | Approximateryal Interval Inter  | Month Day Year)   |  |
| 18 di re Coristat e e e e e e e e e e e e e e e e e e  | MMEDIATE CAUSE disease or condition esulting in death conditions if any wi se to the immediat tating the underlyir ause last  ART II. Other sign  ART II. Other sign  Check only one)  NAME AND ADD  ADD Lakh  HEALTH OFFICE  MANNER OF DE  Natural  Accident  Suicide  Homicide   | Enter the distarrest, shock, arrest, shock, the first sho | Conditions  Conditions  ERTIFYING  REALTH OF I  ORONER  TIFIER  102 E. [             | a. joue to (b. DUE to (c. DUE to  | used the death. Do not ever each line.  OR AS A CONSEQUENCE OF AS  | e of)  E of)  E of)  art I. 27.  occurred at the attent in my opinion deatt  34c. INJURY (Yes o  | WAS DECEDENT PREGMANT OR 90 POSTPARTUM? (Yes or no) No time, date, and place on death occurred at the time  Y AT WORK? r no)  34f. LOC | DAYS  28a. W. P. P. Y. Y. A. C.  | AS AN AUTO<br>CHEFORMED?<br>So or no)  No  e(s) as stated du d due to the ISE NO   | A Security of the cause (s) and ma 29d. DA Voceunesse  | Approximateryal Interval Inter  | Month Day Year)   |  |