INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No						State No					
JESSICA S. HORNAK			1a Maiden Last Name (II Female) SAKAMOTO			Female 9:0		of Death 4 Date Of Death (Month/Day/Yea) 5 a.m. June 19,200		2009	
401-92-	ionths	6c Under 1 Month Days	6d Under 1 Day Hours	6e Under 1 Ho Minutes	Ma	irch 8,1931 Kumamo			oto-Ken,Japan		
9 Ever In U.S. Armed Forces 2 10 If Death Occurred In A Hospital 10a If Death Occurred Somewhere Other Than A Hospital 20 Inpalent Emergency Department Outpalient Dead On Arrival 21 Hospice Facility Decedents Home Nursing Home/Long-Term Care Facility Other (Specify)											
11 Facility Name (If Not Institution Give Street And Number)											
St. Anthony Hospice 12 City Or Town State And Zip Code 13 County Of Death 14 Marital Status In Time Of Death											
Crown Point						Lake			Married But Separated Divorced		
15 Surviving Spouse's Name	15a (If Wife)Give Maiden Last Name			16 Decedent's Usual Occupation			XIX Widowed ☐ Never Married ☐ Unknown 17 Kind GFBusiness/Industry				
					Housewife			ereplanting			
18 Residence – State	18a County		Lake		18b City Or Town			<u></u>			
Indiana	Indiana Sc Street And Number			(Gary 18d Apt No			18e Zio Code 18f Inside City Limits?			
4635 Polk St.											
			Origin		21 Decedent's Race						
12 22 Father's Name (First Middle Last)	No	C Whit 23 Mother's Name (First, Middle			_		23a Mo	23a Mother's Maiden Last Name			
UNKNOWN					UNKNOWN			NUNKNOWN			
24 Informant's Name	24a Relationship To I	thip To Decement 24b Mailing Address			NKNOWN iStreet And Number, City, State Zip Code) Kelly, Hobart			T - 470 - 1 / CO 1 O			
Emina Rice		Daught	00-	ace Of Dispos	N. Ke	My, Hor	oart,	Ingl	ana 4034.	<u>. </u>	
25a Method Of Disposition		Disposition (Name Of Co	emetery Crematory		25c Loca	ation - City Town, And S	£ ,		rayan mily		
□ Bunal X Cremation □ Donation □ Entombmor □ Removal From State □ Other (Specify) 26 Was Coroner Contacted? 27 Name		-Carro1		natory			liana	C -	27a "Funeral Home Licen	N	
□ Yes XXIV Ren	dina Fu	ineral H	ome 51	18 the	evelan	d St. Ga	ıry,		FH830078		
27b Signature Of Indiana Funeral Service Licensee		the La	ke Co	unty I	Kecord	ler!	Number (O) Lic	ensee):			
anthom &	Ken	and Cause	of Beath (Se	e Instructio	ns And Exam	FD(01010		·······		
28. Part I. Enter The Chain Of Events.—Dise Such As Cardiac Arrest Respiratory Arrest C A Line Add Additional Lines If Necessary	ases, Injuries, Or C Or Ventricular Fibrill	Complications—Tha	t Directly Cause	d The Death, Do Not Abb	Do Not Enter Te	rminal Events nly One Cause On				oximate at Onset eath	
Immediate Cause (Final Disease Or Condition	n Resulting In Deat	h A —		2010		As A Consequence Of)					
Sequentially List Conditions, If Any, Leading 1 Line A Enter The Underlying Cause (Disease					Due To (Or	As A Consequence Ofi					
The Events Resulting in Death) Last	, , , ,	С _			Due To (Or	As A Consequence Of)					
Part II Enter Other Significant Conditions Contributing	To Death But Not Res	D sulting in The Underlyin	g Cause Given In F	art I	29 Was	An Autopsy Performed?	□Y€	es 1 110			
			2		30 Were	Autopsy Findings Availa	able To Comple	te The Cause O	Death? Yes	O11 [
31 Did Tobacco Use Contribute To Death?	32 If Female	fithin Past Year Progna	at At Type Of Seath	1 Not Personal Pur	Bressest With a 12 Days		ner Of Death				
Yes Probably to Unknown 34 Date Of Injury (Month/Day/Year)	I Hol Pregnant, B	oul Pregnant 43 Days To 1 Y	ear Before Death	Unknown If Prean:	ent Within The Past Year		- DO COULDING	Accident D Pen e Determined d Area)	37 Injury At Work	7	
		MANER	2016	EAL		THIS CERTIFIES I	B	Corpo.	☐ Yes ☐	tio	
38 Location Of injury - State		GGY HOLI			- w 1	AM COUNTY FAC		DE FONT	38d Zip Code OMPLETE WITH THE	\$ 11	
39 Describe How Injury Occurred)5 166				40	Transportation	2010	estnan 🗆 Other (Specify)	CS	
41 Signature, Of Person Certifying Cause Of Death	P D	non		051	662	PEGGY	HOLIN	<i>ረሀዐ</i> ያ GA KAI		CC	
43 Name, Address And Zip Code Of Person Ce	ertifying Cause Of D	eath			·	LAKE (AUD			
43 Name, Address And Zip Code Of Person Ce I'R RAY DRASGA 46 Additional Funeral Service Provider	1205	S. MAIN	<u>57 (</u>	ROWN	POINT	JN 4	7 *Akas	70 411	190/6	009	
48 Signature of Local Health Officer						49 For Registrar On	nly – Date Filed	(Month/Day/Yea	er)		
Susan	~ ~ C	Sert o	.C			(~ -			
State Form 10110 (R7/9-07) ATTENTION ESTATE The Social Security 3 is being requested by this state agency in order to pursue its statutor, responsibility. Disclosure is oliumar, and there will be no penalty for refusal. The RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16:3 7 1:10											