

Local No. 203

CERTIFICATE OF DEATH

State Date Issued March 21, 2006 Hammond Health Commission

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Lillie E. Hester), SEX (Female), TIME OF DEATH (8:02 PM), DATE OF DEATH (March 21, 2006), SOCIAL SECURITY NUMBER (406-26-2047), AGE (81), DATE OF BIRTH (June 12, 1924), BIRTHPLACE (Cadiz, Kentucky), FACILITY NAME (1129 Michigan Street), MARRITAL STATUS (Married), SURVIVING SPOUSE (Amos Hester), RESIDENCE (Indiana, Lake, Hammond), DECEASED'S USUAL OCCUPATION (Homemaker), FATHER'S NAME (Jack Bannister), MOTHER'S NAME (Vasti Bannister), MAPPING ADDRESS (1129 Michigan Street, Hammond, IN 46320), DATE AND PLACE OF DISPOSITION (March 27, 2006, Kelly-Carroll Cremation Services), EMBALMER'S NAME (Not Done), SIGNATURE OF FUNERAL DIRECTOR (Tara L. Wright), LICENSE NUMBER (FD20400058), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Kuiper Funeral Home, 9039 Kleinman Road, Highland, IN 46322), IMMEDIATE CAUSE (Chronic Lymphocytic Leukemia), CERTIFIER (Certifying Physician), SIGNATURE AND TITLE OF CERTIFIER (Conrado P. Castro, M.D.), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (CONRADO P. CASTRO, M.D., 911 FRAN-LIN PKWY, MUNSTER, IN 46321), HEALTH OFFICER'S SIGNATURE (Peggy Holinga Katona), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

46-05-01-230-028  
45-03-31-330-028  
000-023  
000-023

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

FILED

OCT 13 2010

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

004468

Rm

FILED FOR RECORDS  
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
0013  
PM 2:17