	Local No	ムワン		CERTIFICA	TE OF D	EATH	i	State	March 24 2004 Date Issued	Hammond	Heelth Commission		
		THE RECORDS IN THIS S	ERIES ARE CONFIDENTIAL F	PER IC 16-37-1-10						•••••			
(TYPE/PRIN	INT 1. DECEASED—NAME (First, Middle, Last)											
	IN	Lillie E, Hester				Female .		8:02 PM					
l	PERMANEN	4. *SOCIAL SECURITY NUMBER	5e AGE—Lest Birthday (Years)	Sh. UNDER 1 YEAR	5c UNDER	1 DAY 6 (DATE OF BIE	RTH (Ma. Day, Yr)		arch 21, 2	2006		
	BLACK INK	406-26-2047	81	Months Days	Hours	Minutes					ate or Foreign Country)		
		8a WAS DECEDENT A U.S. VETERAN?	86 YEAR LAST SERVED IN			90 0	June 1	June 12, 1924 CE OF DEATH (Check only one		Cadiz, Kentucky			
			U.S. ARMED FORCES?	HOSPITAL Inpatient									
		No	N/A	☐ ER/O	Outpetient Do	OA	OTHER	☐ Nursing Home	U Other (Spec	ify)			
	DECEDENT	96. FACILITY NAME (If not instituti	on, give street and number)				YN. OR LOC	ATION OF DEATH	lad COUR	TY OF DEATH			
\sim	\	1129 Michiegan Str			Hammond			1	12CKNO OF BUSINESS/INDUSTRY				
14	M	10. MARITAL STATUS 11. SURVIVING SPOUSE (If wife, give meiden name) Married Amos Hester						12a. DECEDENT				La	
0								Homem					
\leq	\propto	130. RESIDENCE-STATE	13c. CITY, TOWN, OR LOCATION			13d. STREET AND NUME			Own Home				
7	7	Indiana	Lake	Hammond			1'3						
į ·	ν,	13. ZIP CODE 131. INSIDE CITY	LIMITS 14 CITIZEN OF	15 WAS DECEDENT	DE MISBANIC OR	101111		1129 Mic	higan Stree				
	,	□ No □X		2 No D Y	es (If yes, spe	cify Cuban.		-American Indian, White, etc.	CD 17.	DECEDENT'S	EDUCATION grade completed)		
Q	O	13g. ON A FARM	1	Mexican, Puerto Ric	can. etc)	1	(Specif		Elementary/Seco	y only highest (College (1-4 or 5 +)		
()	∇	46320 DR No []	Yes U.S.A.				Wh	ite .	Inches.	8	College (1-4 or 5 +)		
\asymp	PARENTS	18 FATHER'S NAME (First Middle, L				19 MOTHER	S NAME (FR	rst Middle, Maiden S	urname)	-			
\sim	,)	Jack Ba	nnister	a				Vasti Banni			<i>:</i> .		
41	VFORMANT	20s. INFORMANT'S NAME (Type/Pr	inc)	206 MAILING	ADDRESS (Street	and Number	or Rural Rou	te Number, City or 1	Own State 7:s Co	431 22 2			
حر	100	Amos Hester	set and Number or Rural Route Number. City or Town. State. Zip Code) 20c. Relationship Street. Hammond. IN 46220										
\sim	(λ)	Amos Hester 1129 Michigan Street, Hammond, IN 46320 21a. METHOD OF DISPOSITION								<u> </u>	usband		
00	V Bemove from State other place) March 27 2006								Jity or Town, Si	tate			
2	Y	Donation Other (Specify)	Kelly-Caroll	Kelly-Caroll Cremation Services									
, DI	ISPOSITION	224. EMBALMER'S NAME	226 EMBALMER'S L	BCIVICE		2001	Gagg In	liana					
1	\bigcirc	Not Done					23 WAS DEATH REPORTED TO CORRINER?						
\mathcal{O}	rox	244. SIGNATURE OF FUNERAL DIRECT	24h 11Ci	N/A 24b. LICENSE NUMBER 25				Personal Per	in's I	Das Formation of the Control of the			
Ñ		10 11 112	$\int_{-\infty}^{\infty}$	1	(of Licensee) 25. NAME, ADDRESS, AND Kuiper Funeral				ENSE NUMBER OF FUNERAL HOME				
·•)	42	illa I. Wi	UND .	ET	FD20400059			9039 Kleinman Road					
()	ı k	PD20400038 Highland IN 46322 FUL02000									FH10300021		
١	1	Enter the diseases: injurfer or complications that caused the death Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one gause on each line.											
	20	IMMEDIATE CAUSE (Final	Chi	100.1					Interval Between				
ā.	(ij)	disease or condition	DUE TO (OR	AS A CONSTOURNER	Jus 2	hory	f1 C	Lew	Ken,		Onset and Death		
ASE VEE	ATHI	resulting in death)	b	AS A CONSEQUENCES	r) / .	/ .		. 20	The same of	Car	,ar		
1	1	Conditions, if any, which gave rise to the immediate cause,	DUE TO (OR AS A CONSEQUENCE OF)										
D	α_{I}	stating the underlying	c										
.,		cause lest		AS A CONSEQUENCE O	F)								
\mathcal{C}	4. 9		d.										
1	1 1	PART II. Other significant conditions - Co	nditions contributing to death but r	ot previously stated in Par	11 27 WA	S DECEDEN	,						
.1	\mathcal{D}	Slepor	negoly		PR	EGNANT OR	90 DAYS	284. WAS AN AL		WERE AUTOF	PSY FINDINGS		
7)	7		7			STPARTUM?	·	(Yes or no)	1	COMPLETION	OF CAUSE		
7.						No I		No	OF DEATH? (Yes or no)				
~_	F 21	9a. CERTIFIER BY CERTIF	YING PHYSICIAN To the best of	of my knowledge, death oc	curred at the time.	date, and plac	e, and due to	the certee/e) as as		1/10	<u> </u>		
		one) HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time											
	_	On the desis of examination and/or investigation, in my opinion, death occurred at the time.											
CER	TIFIER Y 29												
		Cermaly learns no 01027402								729d. DATE SIGNED (Month, Day, Year)			
2122	× 30	NAME AND ADDRESS OF PERSON	AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (7 /Print)								D / 23/2000		
		CONRADO P.C	1570 614	911 12	IN- 21N	1 PKW	Y /	NUNSTE	Inche	か	/ 7 1 ,		
HEAL		31 HEALTH OFFICER'S SIGNATURE 10 4632											
OFFI(CER		(\d	J 12 M	are	per.	A000		32 DA	TE FILED (Mon	th. Day. Year)		
	33	MANNER OF DEATH	348 DATE OF INJURY	34b Title 06	34				IMar	ich 24	3000		
	1		(Month, Day, Year)	346 TIME OF	34c INJURA AT	T WORK?	340 D	ESCRIBE HOW INJ	URY OCCURRED				
	1	Natural Pending		1		•	t	•	•				
		Accident Investigation	34. DIACC										
	I I	Suicide Could not be	344 PLACE OF INJURY - A building, etc (Specify)	it home, farm, street, factor	y. office	e de la compa	NON	and Number or	Rural Route Numbe	City or Town	Start)		

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

004468

RM