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PORTER COUNTY CERTIFICATE OF DEATH

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

45-12-04-154-015-000-031

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 (Matlean Allen Moffett), SEX (Female), TIME OF DEATH (5:25 P), DATE OF DEATH (October 18, 2002), SOCIAL SECURITY NUMBER (426-64-3543), AGE (93), DATE OF BIRTH (August 11, 1909), BIRTHPLACE (Edwards, Mississippi), PLACE OF DEATH (Hospice), FACILITY NAME (VNA Hospice Center), CITY (Valparaiso), COUNTY (Porter), MARITAL STATUS (Widowed), SURVIVING SPOUSE (N/A), DECEASED'S USUAL OCCUPATION (Teacher), KIND OF BUSINESS (Public School), RESIDENCE (Indiana, Lake, Merrillville, 1441 West 56th Avenue), ZIP CODE (46410), CITIZENSHIP (USA), RACE (Black), EDUCATION (4 Years), FATHER'S NAME (Willis Allen), MOTHER'S NAME (Lydia Turner), INFORMANT'S NAME (Lydia Hawkins), MAILING ADDRESS (1441 West 56th Avenue, Merrillville, IN 46410), RELATIONSHIP (Daughter), METHOD OF DISPOSITION (Removal from State), DATE AND PLACE OF DISPOSITION (October 24, 2002, Little Zion Cemetery), EMBALMER'S NAME (Roosevelt Allen Jr.), EMBALMER'S LICENSE NO (#01051701), SIGNATURE OF FUNERAL DIRECTOR (Handwritten), LICENSE NUMBER (#08700646), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Guy & Allen Funeral Directors, Inc, Gary, Indiana 46404, 83007704), IMMEDIATE CAUSE (Final disease or condition resulting in death), PART II (Other significant conditions), CERTIFIER (Certifying Physician), SIGNATURE AND TITLE OF CERTIFIER (Handwritten), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (David Ross, M.D., 1619 W. 5th Ave. Gary, IN 46404), HEALTH OFFICER'S SIGNATURE (Handwritten), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

2010 DEC 21 11:00 AM 2010 DEC 21 11:00 AM

FILED 01018

DEC 21 2010

EGGY HOLINGA KATONA AK COUNTY AUDITOR November 8, 2002

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CS 11:00 AB