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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 BY THIS	SELLIES VI	RE COMPIDENTIAL PI	EK IC 10-31-1-10		10.00		TO SE OF OR A	11 On DATE	CONTRACTOR		
TYPE/PRINT	1 DECEASED—NAME (First					2. SEX	15	. TIME OF DEAT : 25 P	ŧ	OF DEATH along		
IM	Matlean		en Moffet	E SS UNDER 1 YEAR Sc UNDER		Fema	TE OF BIRTH (October 18, 200		
PERMANENT	4. *social security number 426-64-354		ia ACE—Last Birthday (Years) 93	Months Days		ust 11				Mississippi		
BLACK INK					L				<u> </u>			
	85. WAS DECEDENT A U.S. VETERAN?		R LAST SERVED IN ARMED FORCES?			9a. PL/	1	1 (Check only on				
				HOSPITAL Inpatient			OTHER Nursing Home			Kother (Specify) Hospice		
	NO N/A			ER/Outpatrent DOA				Residence LOCATION OF DEATH 9d COUNTY OF DEATH 19d COUNTY OF DEATH				
DECEDENT	96 FACILITY NAME (# apr mail							Porter				
	VIII HOSPICE GENERAL											
	10. MARITAL STATUS 11. SURVIVING SPOUSE (If wife, give maiden name)				T'S USUAL OCCUPATION (Give kind of worl g most of working life. Do not use ratired)			12b. KIND OF BUSINESS/INDUSTRY				
	Widowed		<u> </u>		Teacher				1	Public School		
	13a. RESIDENCE-STATE	13b CC	YTYUI	13c. CITY, TOWN, OR LOCATION			13d. S	STREET AND NU	MBER			
	Indiana		Lake	Merr	illvill	111ville 14			1441 West 56th Avenue			
	13e ZIP CODE 13f. INSIDE	CXTXIXMITS	14 CITIZEN OF	15. WAS DECEDENT	OF HISPANIC ORIGIN?		16 RACE-A	1		17 DECEDENT'S EDUCATION (Specify only highest grade completed)		
	!		WHAT COUNTRY	Mexican, Puerto F	Yes (Ifyes.spo Roan etc.)	s (If yes, specify Cuban,		ita, e1¢.				
	46410 139 ON A FARM? U.S.A.			mexical, Fuello rucal, etc)			(Specify)		blamentary/S	Remantary/Secondary (0-12) College (1-4 or 5 +)		
)(XNo	10 11071			Blac			4 Years				
PARENTS	18. FATHERS NAME (First Middle, Maiden Surnamo) Willis Allen Lydia Turner > 2											
INFORMANT	20a. INFORMANT'S NAME (Typs/Print) 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code) 70c. Rathonsh											
	Lydia Hawkins 1441 West 56th Avenue Merrillville, Indiana 46410 Register											
	218. METHOD OF DISPOSITIO	N 🗆 Ente	memdment	216. DATE AND PLAC				ory, ar	ne LĄCATIO	N—Gity or Town.	Sigle	
	Burnel Cremation	other place) October 24,			2002							
	Donation Dithor (Sp	Little Zion C			etery		Edwar	Edwards Mississippi				
DISPOSITION	229, EMBALMERS NAME.	225 EMBALMER'S LICENSE NO			23. WAS	S DEATH REPOR	TED TO CORO	TO CORONER?				
Biol Gallion	Rogsevelt	#01051701			(3)	Xv □ ve	 s					
	240 SIGNATURE OF FUNERAL	246 LICENSE NUMBER							sele -			
	17.0/	(of Licensee)			25 NAME ADDRESS AND LICENSE NUMBER OF FUNESAL HOME Guy & Allen Funeral Dissectors, Inc 2959 West 11th Avenue				ors, Inc			
	#08700646 2959 West 11th Avenue											
	(1.000000 Gary, Indiana 46404 83007704											
	26. PART I. Enter the diseases, injulias, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. Approximate											
	arroot, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death											
	IMMEDIATE CAUSE (Final											
CALICE OF	disease or condition J DUE TO (OB AS A CONSEQUENCE OF) resulting in death)											
CAUSE OF DEATH	6 dead by											
	Conditions, if any, which gave DUE TO JOR AS CONSEQUENCE Of J											
	stating the underlying DUE TO LOR AS A CONSCOLUENCE OF D											
	cause last d.											
ŀ								1		1		
	PART II Other significant conditi	out not previously stated i	7. WAS DECEDENT PREGNANT OR 90		28a WAS AN AU							
				POSTPARTUM?		DAYS PERFORMED? (Yes or no)		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
			(Yes or no)	Yes or no) NO		NO OF OEATH? (Yes or no)		1? (Yes or no)				
1								*		***************************************		
	29a. CERTIFIER CTERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.											
	one) HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.											
		COHONER	On the basis of examina	nhon and/or investigation.	in my opinion, deal	th occurred at	the time, date, a	nd place, and due	to the causa(s)	and manner as st	ated.	
	296 SIGNATURE AND TITLE O	F CERTIFIER	71				7 MET	AL ICENS		29d DATE SIGN	NED (Month, Day, Year)	
CERTIFIER	13ho kar	, Mi	MY				חומב	10	= U	10/2	5/02	
Ì	30 NAME AND ADDRESS OF F		O COMPLETED CAUSE	OF DEATH (ITEM 26) (7	vpe/Print)		חרי	^ •		- /	/	
	David Ross, M.D. 1619 W. 5th Ave. Gary, IN 46404											
·	31. HEALTH OFFICER'S SIGNATURE GRAY A. BOLLAGE BEAT AK COHMINGA KATON ON MILLEY 8, 2002											
HEALTH	Lein	á	Stat. 1	I Charles		.≅(acia HC	DLINGA	VATO.		WL8, 2002	
OFFICER					- 001	עסדואו	MOM	prence	DO OSCO			
	33 MANNER OF DEATH	,	340. DATE OF INJUR (Month, Day, Yea		I	RY AT WORK or no)	? 37ad:	DESCRIBE ADV	IDITOF	urred		
	Notural Panding	\df'				163 01 7/07						
	/ \ Investigat	100										
	Accident Suicide Could no	. ha	34n. PLACE OF INJU building, etc. (Spe	URY—At home, farm, street, factory, office			34f LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	Determine	outloing, atc (Spe	z (opacity)			CS						
	☐ Homicide	☐ Homicide						005321 HB				
34g DATE PRONOUNCED DEAD (Month, Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no). If yes specify driver, passanger, pedestrian, etc.											119	
	SDH06-004 State For	m 10110	(R5/1-99)									