INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. U.L.	<u>'l</u>		State No					
Decedent's Legal Name (First, Middle, Last) JERRY DOUGLAS LUCE			1a. Maiden Last Name (If Female)			3. Time Of Death 4. Date Of Death 3:04 PM APRIL 2		Death (Month/Day/Year) . 21, 2009
315-30-8349 74 _{Months}	er 1 Year 6c Under 1 M Days	lonth 6d Under 1 Day Hours	<u>ĝe</u> <u>Under 1 Hour</u> Minutes	Nove	Birth (Month/Day/Year) mber 22, 1934	Birthplace (City And State Or Foreign Country) EAST CHICAGO, INDIANA		
9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital: 10a. If Death Occur								
11. Facility Name (if Not institution, Give Street And Number) COMMUNITY HOSPITAL								
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321	13. County C	LAKE 🛛			14. Mantal Status At Time Of Death ☑ Married ☐ Memeried, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown			
15. Surviving Spouse's Name 15a. (If Wife)Gir ARLENE LUCE HARNESS			I			77. Kind C	M Business/Industry	
8. Residence – State 18a. County INDIANA LAKE			18b Cdy Or Town HIGHLAND					
18c. Street And Number 2836 EDER STREET	4	, , , , , , , , , , , , , , , , , , , ,				18t Inside City Limits? ☑ Yes ☐ No		
19. Decedent's Education 20. Decedent Of Hispanic Origin			21. 1	Decedent's Ra	ce			
High school graduate or GED completed	No, not Spa	nish/Hispanic/Latin	i					
22. Falher's Name (First, Middle, Last) JOHN WESLEY LUCE			BERTHA LUCE				N 220	den Last Name
24. Informant's Name 24a. Relationship To Decedent ARLENE LUCE WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 2836 Eder Street, Highland, Indiana 46322				14	
□ Donation □ Entombrent □ Removal From State □ Other (Specify) 26. Was Coroner Contacted? 27. Name And G	njuries, Or Complication ricular Fibrillation Witho Iting In Death Cause Listed On	Facility ME8178 CLINE AVI	E. SCHERERVILI TO STATE THE INSTRUCTIONS AND THE DEATH, DO NO. ADDRESS OF THE DEATH, DO NO. ADDRESS OF THE DEATH AND THE DEATH	SCHER LE, IN 463 PCO TO	les) minal Events iy One Cause On		५ ₽199	Approximate Interval: Onset To Death
Part II. Enter Other Significant Conditions Contributing To De	ath But Not Resulting In The	D. Underlying Cause Given In F	Part I		n Autopsy Performed?	□Yes 🔼 N	0	
	2 If Female:		THE STATE OF THE S	30. Were	Autopsy Findings Available 33. Manne		se of Death?	Yes 🗘 No
☐ Yes ☐ Probably ☐ No SatUnknown	Not Pregnant Within Past Year Not Pregnant, But Pregnant 43 (Pregnant At Time Of Death !	☐ Not Pregnant, But Pregnar ☐ Unknown If Pregnant Withir	nt Within 42 Days The Past Year	Of Death Natural	Homicide Accident C Could Not Be Determined	Pending Investig	ation
34. Date Of injury (Month/Day/Year)	5. Time Of Injury	LED	ace Of Injury (E.G., Dec	edent's Home,	Construction Site, Restaur	rant Wooded Area)	37	Injury At Work?
38. Location Of Injury - State 3	Ba. City Or Town	0 3 201	Street & Number			38c. Apt. N	10. 386.	Zip Code
39 Describe How Injury Occurred		The state of the s	VOIANA		40. If T	ransportation Inju	ıry, Specif	r !
41. Signature, Of Person Certifying Cause Of Death: 41. Sugnature, Of Person Certifying Cause Of Death:	NA OR		42. Certifier (Check Only	4.5 (3.5)		##340		
43. Name Address and Zip Code Of Person Certifyin Mansueto Silverman, 3 46. Additional Funeral Service Provider:		ad, Highle	and, IN4	いるる	5 01	icense Number 03570(Akas:) 45 0	124109 A
48. Signature of Local Health Officer: State Form 10110 (R7/9-07) attention estate. The Social St.	t. D.O.		(g)	ON	Filed (Month/Day/Year):	GOE,	f	E