

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1936-07

State No. _____

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) RICHARD DWAYNE MILLS				2. SEX Male		3a. TIME OF DEATH 8:52 PM		3b. DATE OF DEATH (Month, Day, Yr.) August 6, 2007									
4. *SOCIAL SECURITY NUMBER 313-76-8839		5a. AGE—Last Birthday (Years) 40		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) April 11, 1967									
7. BIRTHPLACE (City and State or Foreign Country) Tripoli, Libya		8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) Outside <input type="checkbox"/> Residence											
9b. FACILITY NAME (If not institution, give street and number) 1532 East Main Street				9c. CITY, TOWN, OR LOCATION OF DEATH GRIFFITH				9d. COUNTY OF DEATH LAKE									
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Louette Bell		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MILLWRIGHT				12b. KIND OF BUSINESS/INDUSTRY Mittal Steel									
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Schererville				13d. STREET AND NUMBER 7344 Hamlin Street									
13e. ZIP CODE 46375		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (0-12) 02 College (1-4 or 5+) 2					
18. FATHER'S NAME (First, Middle, Last) SCOTT L. MILLS						19. MOTHER'S NAME (First, Middle, Maiden Surname) GLORIA A. JENNINGS											
20a. INFORMANT'S NAME (Type/Print) Louette Mills						20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7344 Hamlin Street, Schererville, IN 46375				20c. Relationship Wife							
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Aug 10, 2007 CHAPEL LAWN MEMORIAL GARDENS				21c. LOCATION—City or Town, State SCHERERVILLE IN									
22a. EMBALMER'S NAME JOSE G. CORONA				22b. EMBALMER'S LICENSE NO. FDO8601373				23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jose G. Corona</i>				24b. LICENSE NUMBER (of Licensee) FDO8601373		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FH10600033 7042 Kennedy Avenue, Hammond, IN 46323											
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac arrest, shock, or heart failure. List only one cause on each line. Extensive head injuries DUE TO (OR AS A CONSEQUENCE OF): Due to shotgun wound DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Unknown							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I										28a. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28b. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes			
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place stated and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER 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) and manner as stated. Deputy										29b. SIGNATURE AND TITLE OF CERTIFIER <i>Paul R. Castro</i> Paul R. Castro, Chief Investigator		29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) August 8, 2007			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Paul R. Castro, Chief Investigator, 2900 West 93rd Avenue, Crown Point, Indiana 46301										31. HEALTH OFFICER'S SIGNATURE <i>Susan J...</i>		32. DATE FILED (Month, Day, Year) August 9, 2007					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) Aug. 6, 2007		34b. TIME OF INJURY Unknown		34c. INJURY AT WORK? (Yes or no) No		34d. DESCRIBE HOW INJURY OCCURRED Shotgun wound									
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Outside						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1532 East Main Street Griffith, Indiana											
34g. DATE PRONOUNCED DEAD (Month, Day, Year) August 6, 2007				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No.				027028									

Parcel # 45-11-14-430-007.000-036
 99597
 2011 MAY 31 AM 8:39
 FILED
 MAY 31 2011
 PEGGY HOLINGA-KATONA
 LAKE COUNTY AUDITOR