



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1148-08

State No.

Form fields including: 1. Decedent's Legal Name (EDWIN E COLLISON, JR), 2. Sex (M), 3. Time of Death (4:38 A.M.), 4. Date of Death (APRIL 4, 2008), 5. Social Security Number (XXX-XX-9194), 6a. Age Yrs (78), 7. Date of Birth (Nov. 30, 1929), 8. Birthplace (Hammond, IN), 10. If Death Occurred In A Hospital (Inpatient), 11. Facility Name (THE COMMUNITY HOSPITAL), 12. City Or Town, State, And Zip Code (MUNSTER, INDIANA 46321), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Married), 15. Surviving Spouse's Name (Carolyn Collison), 16. Decedent's Usual Occupation (Supervisor), 17. Kind Of Business/Industry (Data Processing), 18. Residence - State (IN), 18a. County (Lake), 18b. City Or Town (Munster), 18c. Street And Number (8042 Greenwood Ave.), 18d. Apt. No., 18e. Zip Code (46321), 18f. Inside City Limits? (Yes), 19. Decedent's Education (1 1/2), 20. Decedent Of Hispanic Origin (No), 21. Decedent's Race (White), 22. Father's Name (Edwin E. Collison), 23. Mother's Name (Gladys Collison), 23a. Mother's Maiden Last Name (Henry), 24. Informant's Name (Carolyn Collison), 24a. Relationship To Decedent (Wife), 24b. Mailing Address (8042 Greenwood Ave. Munster, IN 46321), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (Chapel Lawn Memorial Gardens), 25c. Location - City, Town, And State (Schererville, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (Burns-Kish Funeral Home, 8415 Calumet, Munster, IN 46321), 27a. Funeral Home License Number (3004968), 27b. Signature Of Indiana Funeral Service Licensee (Thomas J. Burns), 27c. License Number Of Licensee (1045184), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (CONGESTIVE HEART FAILURE), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Findings Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female (Not Pregnant), 33. Manner Of Death (Natural/Heart Disease), 34. Date Of Injury (N.A.), 35. Time Of Injury (N.A.), 36. Place Of Injury (N.A.), 37. Injury At Work? (No), 38. Location Of Injury - State (N.A.), 38a. City Or Town (N.A.), 38b. Street & Number (N.A.), 38c. Apt. No. (N.A.), 38d. Zip Code (N.A.), 39. Describe How Injury Occurred (N.A.), 40. Transportation Injury, Specify (N.A.), 41. Signature Of Person Certifying Cause Of Death (MAY Y. LEE), 42. License Number (01058230A), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (MAY Y. LEE, M.D., 7905 CALUMET AVENUE, MUNSTER, INDIANA 46321), 44. License Number (01058230A), 45. Date Certified (APRIL 7 2008), 46. Additional Funeral Service Provider (003246), 47. *Akas (N.A.), 48. Signature of Local Health Officer (Susan J. Best), 49. For Registrar Only - Date Filed (April 8, 2008)

*This document is being re-recorded to follow chain of title.

STOP FILED SEP 16 2011 LAKE COUNTY RECORDER

2011 SEP 21 AM 9:40
MICHIGAN RECORDER
APPROXIMATE INTERVAL: ONSET TO DEATH
#12 FN CA 1 Ref 1100 BS