







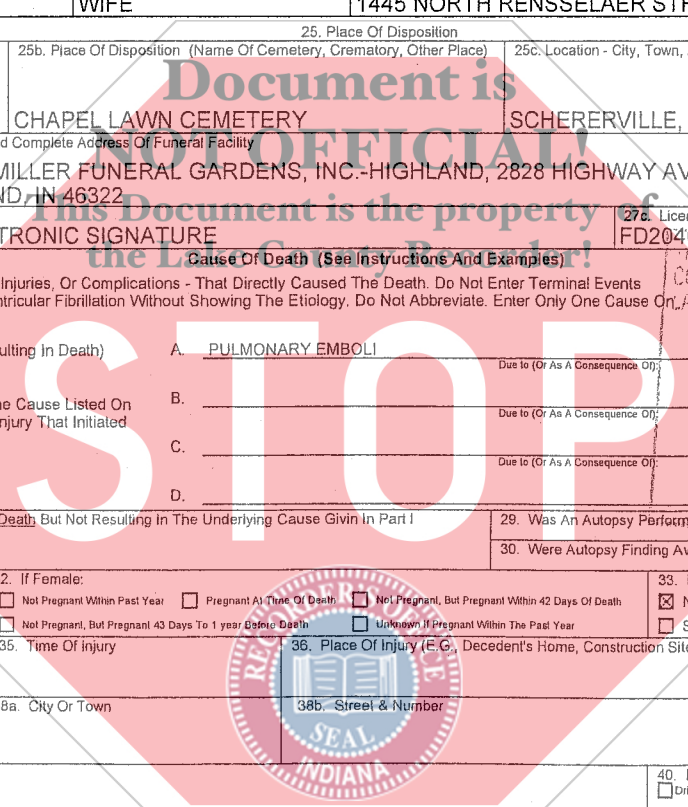
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003708

EDR No 00000291909

State No 052465

Form containing fields for decedent's name (TERRY WAYNE WARD), sex (MALE), date of death (11/26/2012), social security number, age (67), date of birth (09/19/1945), birthplace (HAMMOND, IN), facility name (COMMUNITY HOSPITAL), marital status (Married), decedent's occupation (MECHANIC), kind of business/industry (STEEL), residence (1445 NORTH RENSSELAER STREET, GRIFFITH, IN 46319), education (HIGH SCHOOL GRADUATE OR GED COMPLETED), race (White), parents' names (LEROY EDWARD WARD, STELLA VICTORIA WARD), informant's name (BARBARA ANN WARD), method of disposition (Burial), place of disposition (CHAPEL LAWN CEMETERY), cause of death (PULMONARY EMBOLI), and certifier's signature (ARVIND N. GANDHI).



APPROXIMATE INTERVAL ONSET TO DEATH: DEC 04 2012
COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT