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STATE OF INCIANA LAKE COUNTY FILED FOR RECORD



62 Months Days Hours Minutes 09 With the set of	2. Sex 3. <u>MALE inth (Month/Day/Year //08/1950 re Other Than A Hosi itent's Home Decedent's Usual 0 BOROR 18d. Apt. N a </u>	EAST CHI pitsi-g Home/Long-te 14: Marital S Married I Widower I Coupation No. 18e. Zij	Ity and State ICAGO, Im Care Fac Istus At Tim Married, Imit New Itatus At Tim Married, Imit New Itatus At Tim Itatus At Tim Itat	ality
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5. Social Security Number 6a. Age - Yrs 6b. Under 1 Year 6c. Under 1 Month) 6d. Under 1 Day 6e. Under 1 Hour 7. Date of B 62 Months Days Hours Minutes 09 10 If Death Occurred In A Hospitat: Index 1 Death Occurred Somewhat Index 1 Death Occurred Somewhat Index 1 Death Occurred Somewhat 24 Yes No Unknown Inpatient Emergency Department Outpatient Dead on Amival Other (Specify) 11. Facility Name (if Not Institution, Give Street and Number) METHODIST HOSPITAL NORTHLAKE 13. County Of Death 12. City Or Town, State, And Zip Code Institution, Give Street and Number) Integer Source's Name 15a. (if Wife)Give Meiden Last Name 16 ERNESTINE RANCIFER Ital. Ital. County Ital. County Ital. County of Town INDIANA LAKE GARY Ital. County Ital. County Ital. County INDIANA LAKE Ital. Ital. County Ital. County Ital. County Ital. County INDIANA LAKE Ital. Ital. County Ital. County Ital. County Ital. County Ital. Street And Number Ital.	Inth (Month/Day/Year //08/1950 re Other Than A Hosi lent's Home IN Decedent's Usual O BOROR 18d. Apt. N 18d. Apt. N	8. Birthplace (C EAST CHI pits! 14: Mantal S Si Married I Widower ccupation Io. 18e. Zi	ICAGO, Im Care Fac Itatus At Time Married, Im Married, Im Married,	s or Foreign Country) IN ality s Of Death But Separated Divorce rer Married Unknown 4 Of Business/Industry EFINERY 187. Inside City Limits?
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COMPLETED NOT HISPANIC Black of Africar 22. Father's Name (First, Middle, Last) 23. Mother's Name (First, Middle, Last) 23. Mother's Name (First, Middle, Last)		23a.	Mother's Ma	iden Last Neme
		NAG N	NLEY	
WOODROW RANCIFER LILLIAN RANCIFER 24. Informant's Name 24a, Relationship To Decedent 24b. Mailling Address (Street And N	lumber, City, State, Zi		NLC I	
ERNESTINE RANCIFER WIFE 1747 HENDRICKS STR	EET, GARY.	IN 46404		
27b. Signature of Indiana Funeral Service License: AUL ANTHONY ROBINSON, BY ELECTRONIC SIGNATURE Construction of Events 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate, Enter Only On A Line. Add Additinal Lines if Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Undertying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	FD010172 Events we cause On	umber (Of Licensee):	, , ,	Approximate Interval: Onset To Death YEARS
p				
	utopsy Performed?	Yes	No No	alle?
		r Of Death:		
31. Did Tobacco Use Contribute To Death? 32. If Famale: Yes Probably X No Unknown Not Pregnant Within Past Year Pregnant Al Tama O'Death Not Pregnant Vithin 42 Days O' Not Pregnant Within Past Year Pregnant Al Tama O'Death Unknown Not Pregnant Al Tama O'Death Unknown Unknown		Could Not Be D	-	Pending Investigation
A Date Of Injury (Month/Day/Year) 36. Time Of Injury C. C. Decedent's Home, C				, Injury At Work?
				Yes No
38. Location Of Injury - State 382. City Or Town		38c. Apt. N	io. 38	d. Zip Code
19. Describe How Injury Occurred	40. If Tran	sportation injury. Spe alor Passenger P	eCify: Edealsian 00	ther (Specity)
11. Signature, Of Person Certifying Cause Of Death	2. Čertifier (Check C			
AULA BENCHIK-ABRINKO, BY ELECTRONIC SIGNATURE 3. Name, Address And Zip Code Of Farson Certifying Cause Of Death:	Certifying Physicia 44. L	an Corone icense Number		Heath Officer Date Certified
AULA BENCHIK-ABRINKO , 1534 119TH STREET, WHITING, IN 46394	01045436A 08/16/2013			
6. Additional Funeral Service Provider.				
18. Signature of Local Health Officer: 49. 1 COLAND H WALKER, VIA ELECTRONIC SIGNATURE	49. For Registrar Only - Date Filed (Month/Day/Year): AUG 16 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGIN	IAL)		.013	
tate Form \$3895.2 ATTENTION ESTATE: The Sociel Security # is being requested by this state agency in order to pursue responsibility.	Disclosure is volunt	ary and there will h	e nó penalt	y for refusal.