INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000052 **EDR No 000000561557** **State No 035602**

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (if female)	2. Sex	3. Time of death	4. Date of Death (Month/Day/Year)
LIBERTY GERMAN	GERMAN	FEMALE	12:15 PM	02/13/2017

5. Social Security Number	6a. Age – Years	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State of Foreign Country)
[redacted]	14	Months:	Days:	Hours:	Minutes:	12/27/2002	LAFAYETTE, INDIANA

9. Ever in U.S. Armed Forces?	10. If Death Occurred in a Hospital:	10a. If Death Occurred Somewhere Other Than a Hospital:
NO		WOODED AREA

11. Facility Name (If Not Institution, Give Street and Number)
300 NORTH 300 ROAD

12. City or Town, State, and Zip Code	13. County of Death	14. Marital Status at Time of Death
DELPHI, INDIANA 46923	CARROLL	MARRIED BUT SEPARATED

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind of Business/Industry
		STUDENT	EDUCATION

18. Residence – State	18a. County	18b. City or Town
INDIANA	CARROLL	DELPHI

18c. Street and Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
[redacted]		[redacted]	NO

19. Decedent's Education	20. Decedent of Hispanic Origin	21. Decedent's Race
8TH GRADE OR LESS	NOT HISPANIC	WHITE

22. Parent's Name (First, Middle, Last)	23. Parent's Name (First, Middle, Last)	23a. Parent's Last Name Before First Marriage
DERRICK A GERMAN	CARRIE TIMMONS	HILLENBERG

24. Informant's Name	24a. Relationship to Decedent	24b. Mailing Address (Street and Number, City, State, Zip Code)
BECKY PATTY	GRANDMOTHER	[redacted]

25. Place of Disposition

25a. Method of Disposition	25b. Place of Disposition (Name of Cemetery, Crematory, Other Place)	25c. Location (City, Town, and State)
BURIAL	IOOF MEMORIAL GARDENS	DELPHI, INDIANA

26. Was Coroner Contacted?	27. Name and Complete Address of Funeral Facility	27a Funeral Home License Number
YES	DAVIDSON FUNERAL HOME, 121 NORTH UNION STREET	FH19900050

27b. Signature of Indiana Funeral Service Licensee:	27c. License Number (of Licensee)
TERRY L DAVIDSON, BY ELECTRONIC SIGNATURE	FD01015737

Cause of Death (See Instructions and Examples)

28. Part I. Enter The Chain Of Events – Diseases, Injuries, or Complications – That Directly Caused the Death. Do Not Enter Terminal Events. Such as Cardiac Arrest, Respiratory Arrest, or Ventricular Fibrillation Without Showing the Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines if Necessary.

Approximate Interval: Onset To Death

28a. Immediate Cause (Final Disease or Condition Resulting in Death) — A. EXSANGUINATION — MINUTES

Due To (Or As A Consequence Of)

Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last

B. — Due To (Or As A Consequence Of)

C. — Due To (Or As A Consequence Of)

D.

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part 1	29. Was an Autopsy Performed? YES
	30. Were Autopsy Findings Available to Complete Cause Of Death? YES

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
NO	NOT PREGNANT WITHIN PAST YEAR	SUICIDE

34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)	37. Injury At Work?
02/13/2017	04:00 PM	WOODED AREA	NO

38. Location Of Injury – State	38a. City Or Town	38b. Street And Number	38c. Apt. No.	38d. Zip Code
INDIANA	DELPHI	300 ROAD NORTH		46923

39. Describe How Injury Occurred	40. If Transportation Injury, Specify:
INFLICTED BY PERSONS UNKNOWN	

41. Signature, Of Person Certifying Cause OF Death:	42. Certifier (Check Only One)
JORDAN DOUGLAS CREE, BY ELECTRONIC SIGNATURE	CORONER

43. Name, Address, And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
JORDAN DOUGLAS CREE, [redacted]		07/19/2017

46. Additional Funeral Service Provider:	47. * AKAs

48. Signature Of Health Officer:	49. For Registrar Only – Date Filed (Month/Day/Year):
JORDAN DUTTER, VIA ELECTRONIC SIGNATURE	July 20, 2017

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 **ATTENTION ESTATE**: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH-RESUBMIT

Local No 000037 **EDR No 000000561401** **State No 027062**

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (if female)	2. Sex	3. Time of death	4. Date of Death (Month/Day/Year)
ABIGAIL JOYCE WILLIAMS	WILLIAMS	FEMALE	12:15 PM	02/14/2017

5. Social Security Number	6a. Age – Years	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State of Foreign Country)
[redacted]	13	Months:	Days:	Hours:	Minutes:	06/23/2003	SAULT STE MARIE, MICHIGAN

9. Ever in U.S. Armed Forces?	10. If Death Occurred in a Hospital:	10a. If Death Occurred Somewhere Other Than a Hospital:
NO		WOODED AREA

11. Facility Name (If Not Institution, Give Street and Number)
CR 300 N

12. City or Town, State, and Zip Code	13. County of Death	14. Marital Status at Time of Death
DELPHI, INDIANA 46923	CARROLL	MARRIED BUT SEPARATED

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind of Business/Industry
		STUDENT	STUDENT

18. Residence – State	18a. County	18b. City or Town
INDIANA	CARROLL	DELPHI

18c. Street and Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
[redacted]		[redacted]	NO

19. Decedent's Education	20. Decedent of Hispanic Origin	21. Decedent's Race
8TH GRADE OR LESS	NOT HISPANIC	WHITE

22. Parent's Name (First, Middle, Last)	23. Parent's Name (First, Middle, Last)	23a. Parent's Last Name Before First Marriage
UNKNOWN UNKNOWN	ANNA WILLIAMS WILLIAMS	WILLIAMS

24. Informant's Name	24a. Relationship to Decedent	24b. Mailing Address (Street and Number, City, State, Zip Code)
ANNA M WILLIAMS	MOTHER	[redacted]

25. Place of Disposition

25a. Method of Disposition	25b. Place of Disposition (Name of Cemetery, Crematory, Other Place)	25c. Location (City, Town, and State)
BURIAL	RIVERVIEW CEMETERY	MONTICELLO (CARROLL CO), INDIANA

26. Was Coroner Contacted?	27.Name and Complete Address of Funeral Facility	27a Funeral Home License Number
YES	ABBOTT FUNERAL HOME, 421 E. MAIN STREET	FH19600002

27b. Signature of Indiana Funeral Service Licensee:	27c. License Number (of Licensee)
CARL R. ABBOTT, BY ELECTRONIC SIGNATURE	FD08800101

Cause of Death (See Instructions and Examples)

28. Part I. Enter The Chain Of Events – Diseases, Injuries, or Complications – That Directly Caused the Death. Do Not Enter Terminal Events. Such as Cardiac Arrest, Respiratory Arrest, or Ventricular Fibrillation Without Showing the Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines if Necessary.

			Approximate Interval: Onset To Death
28a. Immediate Cause (Final Disease or Condition Resulting in Death)	A.	EXSANGUINATION	MINUTES
		Due To (Or As A Consequence Of)	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B.		
		Due To (Or As A Consequence Of)	
	C.		
		Due To (Or As A Consequence Of)	
	D.		

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part 1	29. Was an Autopsy Performed? YES
	30. Were Autopsy Findings Available to Complete Cause Of Death? YES

31. Did Tobacco Use Contribute To Death?	32.If Female:	33. Manner Of Death:
NO	NOT PREGNANT WITHIN PAST YEAR	SUICIDE

34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)	37. Injury At Work?
02/13/2017	04:00 PM	WOODED AREA	NO

38. Location Of Injury – State	38a. City Or Town	38b. Street And Number	38c. Apt. No.	38d. Zip Code
INDIANA	DELPHI	300 ROAD NORTH		46923

39. Describe How Injury Occurred	40. If Transportation Injury, Specify:
INFLICTED BY PERSONS UNKNOWN	

41. Signature, Of Person Certifying Cause OF Death:	42. Certifier (Check Only One)
JORDAN DOUGLAS CREE, BY ELECTRONIC SIGNATURE	CORONER

43. Name, Address, And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
JORDAN DOUGLAS CREE, [redacted]		05/26/2017

46. Additional Funeral Service Provider:	47. * AKAs

48. Signature Of Health Officer:	49. For Registrar Only – Date Filed (Month/Day/Year):
JORDAN DUTTER, VIA ELECTRONIC SIGNATURE	June 08, 2017

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

12:15
FOUND
49: 06/05/2017

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.