REMANENT  SOCIAL SECURITY CANADAM PART AND A ACCOUNT AND A SECURITY CANADAM PART AND A	00/	1W00		14151444		Quane,	Munz	phy (	Jeony	7 y C	in property
PER ANNEN   COCCASION TO A CONTROL OF THE STATE OF THE ST	094	7191-91	<b>,</b> ,	▼			•	- 2-3-8	5 13%	the state	
VERLAND-MARY   SOCIAL SECURITY AND AND ADDRESS   SECTION ADDRESS   SECTION ADDRESS   SECTION AND ADDRESS   SECTION A	ocal No	7	₹ ·	(	CERTIFICATE	OF DEAT	H	State	No	13.100.10	·464/6
SERNANT   SOCIAL SECURITY ANABIS   S. ACT. Les Entry   S. COCHILLAGE   E. COCHILLAGE   S. COCH	TYPEYPRINT		Middle Last)	F	Y 0			36 TIME OF CEAT	H 30 DATE	OF CEATH (Nove	Day 113
ECCIONT  SO   19 ST AGE CONTINUED   10 ST AG	ERNANENT	4 SOCIAL SECURITY NUMBE		AGE-Last Birthday	SE UNDER I YEAR	SE UNCER I DAY		,			
AD 9 VEIDON DE LOS DE LA COMPT DE LOS DE LA CONTROL DE LA	BLACK INK	84 WAS DECEDENT			Months Days		· ·		Chicag	go, Ill.	
SECOND STATES AND STAT	•	A US VETERANY		IMED FORCES?		PITAL CIP Inpetient					
IN MANNES STATUS  IN MANNES ST	ECEDENT		FACILITY NAME (If not institution, give street and number			9c CITY.				ITY OF DEATH	<u> </u>
TARKETS  THE POOR COUNTY IN COUNTY IN COUNTY OF POINT  THE COUNTY IN COUNTY IN COUNTY OF POINT  THE COUNTY OF COUNTY IN COUNTY OF POINT  THE COUNTY OF COUNTY OF POINT OF POINT OF POINT  THE COUNTY OF POINT OF POINT OF POINT  THE COUNTY OF POINT		10 MARITAL STATUS	te SUPUN	AND EDOUGE							nerov z
Indiana  Ind	i	<u> </u>									
19. 20 CODE   19. MARCH CITES LOCATION   10. CHILDRING   10. CHILDRING   11. MARCH CONTROL   11. MARCH C	'			***					111		
ARENTS  19 6 (A FARM)  19 10 (		0 %	CPYes .	14. CITIZEN OF WHAT COUNTRY?	I INO I Yes	Of yes specify Cu	18 RACE bon. Block	—American Indian, White, etc.	• 17	DECEDENTS ED	DUCATION Ide completed)
ARENIS  15 ** ANDRES NAME (From Source Last)  15 ** ANDRES NAME (From Source Last)  16 ** ANDRES NAME (From Source Last)  17 ** ANDRES NAME (From Source Last)  17 ** ANDRES NAME (From Source Last)  18 ** ANDRES NAME (From Source Last)  19 ** ANDRES NAME (From		46307 LX <sub>No</sub>	□ Yes	USA	Mexican, Puerto Rica	1 910)					College (1-4 or 5 +
The seriodical State County of the Case of	ARENTS		id'e Last)	F.	Carroll		THER S MAME !		urneme)	Lenz	
The Mark   Controlled   Contr	FORMAN			NOT	200 MAILING A			loute Number City of		Code) 20c Pe	
SPOSTATE	9	21. METHOD OF DISPOSITIO	W D Entomb		216 DATE AND PLACE O	F DISPOSITION (Nom	e of comotory cr				
270 CORPORATION PROCESSOR PROSPECTION 220 CONTROL TO CORPORATE TO CORPORATE TO CORPORATE TO CORPORATE THE STANDARD PROSPECTION 250 CONTROL TO CORPORATE THE STANDARD PROSPECTION 250 CONTROL TO CORPORATE THE STANDARD PROSPECTION POINT, TIMES 300 TO REAL PROSPECTION POINT,			Removi	indice La				.,	Charm 1	)_int 1	
24 SCANGE ADJECTOR  24 SCANGE ADJECTOR  25 PART I Ever this diseases in printing complications that caused the data. Do not year inagged for time such as created in terretary and the printing of the printin	SPOSINE	- · · · · · · · · · · · · · · · · · · ·			220 EMBALMERS LI	CENSE NO		WAS DEATH REPOR	TED TO CORON		ndiana
TO 10003 28  Golfensen Funeral Home, Inc FB83001  28 PARTI Enter this diseases imprise of complication that cause the faunt De reviews managed to the state of the control of the contr	7						25 NAME			F FUNERAL HOM	ı£
Approximate instructions of basel days to the country of the state of the country	4	(1/2)	tis?	of Program							
AUSE OF Condons 1 style highest condons and construction of death as a Condons of the Careful of	4				sed the death Do not enter				, CLOWII	POINC,	
DUE TO IOR AS A CONSEQUENCE OF DEPLIT DET.  THE IOR WAS A PAILORS TO THE PARK COUNTY  THE IOR WAS A PAILORS TO THE IOR AS A CONSEQUENCE OF DEPLIT DET.  THE IOR WAS A PAILORS TO THE IOR AS A CONSEQUENCE OF DEPLIT DET.  THE IOR WAS A PAILORS TO THE IOR AS A CONSEQUENCE OF DEPLIT DET.  THE IOR WAS A PAILORS TO THE IOR WAS A PAILORS TO THE IOR WAS A PAILORS TO THE IOR WAS AN AUTOPS.  THE IOR WAS AN AUTOPS.  TO SETTIFUE TO COMPLETE ON TO THE IOR OF THE IOR WAS A CONSEQUENCE OF DEPLIT OF THE IOR WAS AN AUTOPS.  THE IOR WAS AN AUTOPS.  THE IOR WAS AN AUTOPS.  TO THE IOR WAS AN AUTOPS.  TO THE IOR WAS AN AUTOPS.  THE IOR WAS AN AU	B		or heart failure			X MUSCER	THE KILL	ACOVE IS A TRU	IE AND ATE OF	Zêr	Interval Between Onset and Death
DUE TO IOR AS A CONSEQUENCE OF PARTITION OF THE TOTAL THE ACTION OF THE TOTAL THE ACTION OF CAUSE OF DEATH I Grove I have been deposed to the past of the survey of the su	USE OF		P	DUE TO (0)	R AS A CONSPOUENCE	COMPLETE OF	FULF LIVE	H THE LAKE C	OUNTY	m	chun
PART II Other Inches conductes - Control Contr	52	rise to the gradietics.	700	DUE TO (O	R AS A CONSEQUENCE (	DEN REALTH D	Eri.		<del></del>	<del></del>	
25 Server Control of Country Control of Country Countr	2		1330	DUE TO (O	R AS A CONSEQUENCE (		FFR	6 1990			
COUNTETINO OF CAUSE OF DEATHY (Yes or no)  298 CERTIFY OF CHYSICIAN CONCECUTED CONTROL OF DEATH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time date and piece and due to the cause(s) as stated  CORONER On the basis of examination and/or investigation in my opinion death occurred at the time date and piece and due to the cause(s) as stated  CORONER On the basis of examination and/or investigation in my opinion death occurred at the time date and piece and due to the cause(s) as stated  29b SIGNATURE AND OTTIE OF CERTIFIER  29c MEDICAL LICENSE NO 29d DATE SIGNATION Day, Year  30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH OTEN 26) (Type, Pind)  Ennest C. Hirich MD, 9001 Broadlay, Merrillville, Indiana 46410  31 HEALTH OFFICERS SIGNATURE  31 MAINTER OF DEATH  31 MAINTER OF DEATH  31 MAINTER OF DEATH  32 DATE FIRED (Month Day, Year)  33 MANNER OF DEATH  340 DATE OF INJURY  340 TAME OF  341 LOCATION (Street and Number or Rural Rouse Number City or Town State)  340 DATE PRONOUNCED DEAD (Month Day Year)  341 MOTOR VEHICLE ACCIDENT? (Yes or no) 11, 11 Specify driver passenger redestrian str	- 3	PART II Other Dicare condu	ons - Co	iontributing to death bu	a not promount Anatoci in Pi	27. WAS D	EGEDENT			RES WERE AUTO	PSY FINDINGS
290 CERTIFE   CERTIFVING PHYSICIAN   To the best of my knowledge death occurred at the Limbells and give to the cause(s) as stated (Check one)   HEALTH OFFICER   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) as stated   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) as stated   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) as stated   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) as stated   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) as stated   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) as stated   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) as stated   Coroner   Coroner	2 12	2 Severe		Led unc	beni.c	Pour Pour P	ANT OR ST ARTICLES	AVS PERFORM	MEZ.	COMPLETIO	N OF CAUSE
MEALTH OFFICER 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) as stated   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	् ठ	29a CERTIFE A	CERTIFYING P	CALL HYSICIAN TO BE AS	En of my knowledge death of	Scured at the time AA	THE THE		ž .	<del></del>	
ATIFIER  296 SIGNATURE AND TITLE OF CERTIFIER  296 MEDICAL LICENSE NO  296 DATE SIGNATURE AND TITLE OF CERTIFIER  296 MEDICAL LICENSE NO  296 DATE SIGNATURE AND TITLE OF CERTIFIER  296 MEDICAL LICENSE NO  296 DATE SIGNATURE AND TITLE OF CERTIFIER  296 MEDICAL LICENSE NO  296 DATE SIGNATURE AND TITLE OF CALL PROPERTY OF CERTIFIER  296 MEDICAL LICENSE NO  296 DATE SIGNATURE AND TITLE OF CALL PROPERTY OF CERTIFIER OF CALL PROPERTY OF CALL PROPERTY OF CERTIFIER OF CALL PROPERTY OF CA	. 7	one)	HEALTH OFF	CER On the basis of e	xamination and/or investigat	on in my opinion deat	occurred at the	time date and place (	and due to the cau		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 0TEM 26) (Type, Pirro)  ETNEST C. Mirich MD, 9001 Broad ay, Merrillville, Indiana 46410  31 HEALTH OFFICERS SIGNATURE  32 DATE FILED (Month Day, Year)  33 MANNER OF DEATH  34 DATE OF INJURY  (Month Day Year)  34 PLACE OF INJURY—Al nome farm surest factory office  (Month Day Year)  34 DATE PRONOUNCED DEAD (Month Day Year)  34 DATE PRONOUNCED DEAD (Month Day Year)  35 DATE PRONOUNCED DEAD (Month Day Year)  36 DATE PRONOUNCED DEAD (Month Day Year)  37 DATE PRONOUNCED DEAD (Month Day Year)  38 MANNER OF DEATH  39 DATE PRONOUNCED DEAD (Month Day Year)  39 DATE PRONOUNCED DEAD (Month Day Year)  30 NAME AND ADDRESS OF PERSON WHO COMPLETED (Type, Pirro)  31 MEALTH OFFICERS SIGNATURE  32 DATE FILED (Month Day, Year)  33 MANNER OF DEATH  34 DATE PRONOUNCED DEAD (Month Day Year)  34 DATE PRONOUNCED DEAD (Month Day Year)  35 DATE PRONOUNCED DEAD (Month Day Year)  36 DATE PRONOUNCED DEAD (Month Day Year)  37 DATE PRONOUNCED DEAD (Month Day Year)  38 DATE PRONOUNCED DEAD (Month Day Year)  39 DATE PRONOUNCED DEAD (Month Day Year)  30 DATE PRONOUNCED DEAD (Month Day Year)  30 DATE PRONOUNCED DEAD (Month Day Year)  30 DATE PRONOUNCED DEAD (Month Day Year)  31 DATE PRONOUNCED DEAD (Month Day Year)  32 DATE PRONOUNCED DEAD (Month Day Year)  34 DATE PRONOUNCED DEAD (Month Day Year)  35 DATE PRONOUNCED DEAD (Month Day Year)  36 DATE PRONOUNCED DEAD (Month Day Year)  37 DATE PRONOUNCED DEAD (Month Day Year)  38 DATE PRONOUNCED DEAD (Month Day Year)  39 DATE PRONOUNCED DEAD (Month Day Year)  30 DATE PRONOUNCED DEAD (Month Day Year)  30 DATE PRONOUNCED DEAD (Month Day Year)  30 DATE PRONOUNCED DEAD (Month Day Year)  31 DATE PRONOUNCED DEAD (Month Day Year)  32 DATE PRONOUNCED DEAD (Month Day Year)  33 DATE PRONOUNCED DEAD (Month Day Year)  34 DATE PRONOUNCED DEAD (Month Day Year)  35 DATE PRONOUNCED DEAD (Month Day Year)  36 DATE PRONOUNCED DEAD (Month Day Year)  37 DATE PRONOUNCED DEAD (Month Day Year)  38 DATE PRONOUNCED DEAD (MONTH DAY YEAR)  39 DATE PRONOUNCED DEAD (MONTH	7			On the basis of examinati	ion and/or investigation, in r	ny opinion death occuri					
ETNEST C. Mirich MD, 9001 Broad ay, Merrillville, Indiana 46410  31 HEALTH OFFICERS SIGNATURE  32 DATE FILED (Month Day, Year)  33 MANNER OF DEATH  340 DATE OF INJURY  (Month Day Year)  340 DATE OF INJURY  (Month Day Year)  340 PLACE OF INJURY—At home farm street factory office  341 LOCATION (Street and Number or Rural Route Number Cay or Town State)  340 DATE PRONOUNCED DEAD (Month Day Year)  341 DATE PRONOUNCED DEAD (Month Day Year)  342 DATE PRONOUNCED DEAD (Month Day Year)  344 MOTOR VEHICLE ACCIDENT? (Yes or no) 1/2 yes speedy driver passenger cedestrian etc.		<u>~_</u>		Mu STED CALLER	uch hed	Para Cara		0-1881			
33 MANNER OF DEATH  34e DATE OF INJURY  (Month Day Year)  34b TIME OF 34c INJURY AT WORK?  (Yes or no)  34d DESCRIBE HOW INJURY OCCURRED  (Month Day Year)  34e PLACE OF INJURY—At home farm super factory office  34f LOCATION (Street and Number or Rural Route Number Cay or Town State)  34g DATE PRONOUNCED DEAD (Month Day Year)  34n MOTOR VEHICLE ACCIDENT? (Yes or no)  (31)		Ernest C. Mi	rich MD				, Indi	ana 46410			
33 MANNER OF DEATH  340 DATE OF INJURY  (Month Day Year)  340 TIME OF Suc INJURY AT WORK? (Yea or no)  Netural Pending Investigation  Accident  Suicide Could not be Determined  340 PLACE OF INJURY—At home farm street factory diffice  341 LOCATION (Street and Number or Rural Route Number Cay or Town State)  Whomicide  342 DATE PRONOUNCED DEAD (Month Day Year)  344 DATE PRONOUNCED DEAD (Month Day Year)  345 TIME OF Suc INJURY AT WORK? (Yea or no)  346 DESCRIBE HOW INJURY OCCURRED  (Yea or no)  347 LOCATION (Street and Number or Rural Route Number Cay or Town State)  348 DATE PRONOUNCED DEAD (Month Day Year)  349 DATE PRONOUNCED DEAD (Month Day Year)  340 DESCRIBE HOW INJURY OCCURRED  (Yea or no)  340 DESCRIBE HOW INJURY OCCURRED  (Yea or no)  341 LOCATION (Street and Number or Rural Route Number Cay or Town State)		31 HEALTH OFFICERS SIGNATURE			Jack princer and			•	3	SE DATE FILED (Month Day, Year)	
Netural   Pending finvestigation     Accident     Succident	.3	33 MANNER OF DEATH	] :		1	1		34d DESCRIBE HOV	INJURY OCCU	RRED	20111
DRONER SE ONLY  Sucride Could not be Determined  Determined  346 PLACE OF INJURY—At home farm street factory office building etc (Specify)  347 LOCATION (Street and Number or Rural Route Number City or Town State)  349 DATE PRONOUNCED DEAD (Month Day Year)  340 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger padestrian etc.	2	Investoati	on }								
000202 (8)	_ 1	☐ Suicide ☐ Could not	i be			ctory office	341 LOCAT	TION (Street and Number	per or Rural Route	Number City or	Town State)
000200	3	14g DATE PRONOUNCED DEA	D (Month Day )	Year) Jan MOTOR	VEHICLE ACCIDENT? (Y	es or na) . H yes spec	ly driver passen	nger rædestrian etc	<del></del>		1,10
						·			0002	<u> </u>	121