

DONNA CIRRK 2139 STEVENSON GARY 46406

INDIANA STATE BOARD OF HEALTH

Local No. 90 035133 CERTIFICATE OF DEATH State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with sections: 1. DECEDENT-NAME, 2. SEX, 3a. TIME OF DEATH, 3b. DATE OF DEATH, 4. SOCIAL SECURITY NUMBER, 5a. AGE, 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH, 7. BIRTHPLACE, 8a. WAS DECEDENT A US VETERAN, 8b. YEAR LAST SERVED IN US ARMED FORCES, 8c. PLACE OF DEATH, 9a. FACILITY NAME, 9b. CITY, TOWN, OR LOCATION OF DEATH, 9c. COUNTY OF DEATH, 10. MARITAL STATUS, 11. SURVIVING SPOUSE, 12a. DECEDENT'S USUAL OCCUPATION, 12b. KIND OF BUSINESS/INDUSTRY, 13a. RESIDENCE-STATE, 13b. COUNTY, 13c. CITY, TOWN OR LOCATION, 13d. STREET AND NUMBER, 13e. ZIP CODE, 13f. INSIDE CITY LIMITS, 14. CITIZEN OF WHAT COUNTRY, 15. WAS DECEDENT OF HISPANIC ORIGIN, 16. RACE, 17. DECEDENT'S EDUCATION, 18. FATHER'S NAME, 19. MOTHER'S NAME, 20. INFORMANT'S NAME, 20a. MAILING ADDRESS, 20b. Relationship, 21a. METHOD OF DISPOSITION, 21b. DATE AND PLACE OF DISPOSITION, 21c. LOCATION, 22a. EMBALMER'S NAME, 22b. EMBALMER'S LICENSE NO, 23. WAS DEATH REPORTED TO CORONER, 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER, 24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME, 25. PART I: Enter the disease, injury, or complication that caused the death, 25a. IMMEDIATE CAUSE, 25b. CONDITIONS, 25c. PART II: Other significant conditions, 26. CERTIFIER, 26a. SIGNATURE AND TITLE OF CERTIFIER, 26b. MEDICAL LICENSE NO, 26c. DATE SIGNED, 27. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, 28. HEALTH OFFICER'S SIGNATURE, 28a. DATE FILED, 29. MANNER OF DEATH, 30a. DATE OF INJURY, 30b. TIME OF INJURY, 30c. INJURY AT WORK?, 30d. DESCRIBE HOW INJURY OCCURRED, 30e. PLACE OF INJURY, 30f. LOCATION, 31. DATE PRONOUNCED DEAD, 32. MOTOR VEHICLE ACCIDENT?

Vertical handwritten notes on the left margin: 'DECEDENT', 'PARENTS', 'INFORMANT', 'DISPOSITION', 'CAUSE OF DEATH', 'CERTIFIER', 'HEALTH OFFICER', 'OWNER/SEE ONLY'. Includes 'File # 49-283-23' and 'Lot 23024 - BCL 2'.



FILED APR 12 1990. Includes a stamp from the Indiana State Board of Health and a signature 'Anna N. Anton'.

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