

INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

TYPE/PRINT	1. DECEASED—NAME (First, Middle, Lest) 2. SEX 3a TIME OF DEATH (Month Day You												
IN	'' J		enneth C	Arno	14						36 DATE OF DEATH Month Day, Yr)		
PERMANENT	ENT 4. SOCIAL SECURITY NUMBER		Se. AGE—Lest Birthday (Years)		56 UNDER I YEAR	5c. UNDER I DAY		le 6 DATE C	11:30 P. OF BIRTH (Ma, Day, Yr)		June 4, 1990		
BLACK INK	312-18-6310		,	54	Months Days	Hours	Minutes		-	1	7 BIRTHPLACE (City and State or Foreign Country)		
	84. WAS DECEDENT A U.S. VETERAN?		86 YEAR LAST SERVED IN U.S. ARMED FORCES?						19, 1925 OF DEATH (Check only o	See in	Evanston, Illinois		
	Yes		1946		HOSPITAL: Inpatient		OTHE				Other (Specify)		
					☐ ER,	Outpatient	IN DOA		Residence				
DECEDENT	9b. FACILITY NAME (If not institution, give street and number) 2548 Clough Street						9c CITY, TOWN, OR LOCATION OF DEATH			9d. COUNTY OF DEATH			
Ϋ́					<u> </u>			Highland			Lake		
200	(Specify)		-	: SURVIVING SPOUSE (If wife, give maiden name)		12a DECEDEI done duri	NT'S USUAL OCCUPATION I ing most of working life Do not		ATION (Give kind of work) Do not use retired)	12b.	2b. KIND OF BUSINESS/INDUSTRY		
Jes W	Married 13a RESIDENCE—STATE		Hazel Hambli		13c CITY, TOWN, OR LOCATION		Data Proces		cessor	_LA	American Make &		
2.5.5 1.70 7.00	Indiana		Lake						13d. STREET AND N	JMBER			
はのギュ		131. INSIDE CIT		IZEN OF	15 WAS DECEDENT	hland	2000112	- 1:: <u>-</u>	2548 C	Tona		F-m	
707	}			AT COUNTRY	/ ♀∾ □	Yes (If yes, specify Cuba		16. P	IACE—American Indian, Black, White, etc.	Ì	17. DECEDENTS	EDUCATION, "	
があっつ	46222	13g ON A FARI			Mexican, Puerto				(Specify)	. Element	(Specify only highest grade completed-4 nmentary/Secondary (0-121" College (1-4 oc.5 +)		
1-	46322 Q NO								White		125		
PARENTS	Tomal 1 Promoted Models, Last)												
18 4 M. St. St. St. St. St. St. St. St. St. St	Calotthe Lubeck # 55 %												
INFORMANT	20s. INFORMANT'S NAME (Type/Print) 120s. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code), 20c. Belationship												
	21s. METHOD OF		Enjombrhant		254					4632	2 = S	ouse	
		Cremation		\mathbf{H}_{2}	other place)			of come tel	ry, ctemetery, or	21c. LOC	ATION-City or Town	State	
DISPOSITION CAUSE OF DEATH	Burial Cremation Removal from State Donation Dither (Specify)				Lake Co	June 8	1990 Rec o	rde	r!		\		
	22a EMBALMERS NAME:				Calumet Park Cen			ery		Merrillville, Indiana			
			Gleim		22b EMBALMER				23 WAS DEATH REPOR		CORONEA?		
	24e: SIGNATURE				FD0101	ICENSE NUMBI			□ No 12 Y		•		
	J 4		P	246.	ER	THE OFFICE			ENSE NUMBER OF FUNERAL HOME				
	C.A.K.				(c/ Licensee) (FDO1014511			Kuiper Pinera			3、16小岸 123430067500		
	28 DADTI	Enter the diame					39 Kileinma	9 Kierman Rd Highland NIN 46					
	26 PART I. Enter the diseases, injuries, or complications that caused the death Do not enter nonspecific terms, such as cardiac or respiralogy 71 DEPT. Approximate Interval Palmanan												
											Interval Between KNOWNand Death		
					AS A CONSEQUENCE OF)				1				
	resulting in death) - مو		b	OFR'S					111N 5 1990				
	Conditions, if any, virise to the immediate			DUE TO (C	E OF)								
·	stating the underlying	19	c	DUE TO (O	E OS EIII				77	10-1			
			d.		Sic.			Escre	Dimonne				
	DART II Other size	iffeest englished	Conditions			SEAL A					ari dalililegiane	,	
	, ration in Outer sign	incant conditions	· Conditions contrib	ning to death b	ut not previously stated	n Part 1	WAS D	ECEDENT ANT OR 9	284 WAS AN	NUT OF		TOPSY FINDINGS	
· · · · · · · · · · · · · · · · · · ·	• .					POSTP	ARTUM?	DAYS PERFORMED? (Yes or no)		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
		.,					(Yes of		NT-		OF DEATH? (Yes or no)		
	290. CERTIFIER		RTIFYING PHYSICI	AN To the be	at of my knowledge de	th occurred at the			No		No.) '	
\	29s. CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and due to the cause(s) as stated 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												
}	•	Ø <u>c</u> c	DRONER On the b	asis of examinal	tion and/or investigation	in my oninina de	ath occurs	ad at the tre	ne, date, and place, and du	and due ti	o the cause(s) as stated		
	296. SIGNATURE	AND TITLE OF C	ERTIFIER /2	10 /		, op			29c MEDICAL LICENSE				
CERTIFIER	Daniel ()								16120	140.	June 5, 1990		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITED SO TTIME OF THE OF T												
: [.	Daniel B. Thomas, M.D., Coroner, 2293 North Main St., Crown Point, IN 46307												
HEALTH	31. HEALTH OFFICER'S SIGNATURE 32_DATE FILED (Month, Day, Year)												
OFFICER	32 DATE FILED (Month Day, Year)												
ſ	33. MANNER OF D	EATH	34e. D/	346 TIME OF	34c IN.	URY AT W		34 DE CRIBE TO	V IN, TRV	CCURRED			
	Natural	П а	, (M	(Month Day Year) INJURY			s or no)	₹	a de desprisado de la composição de la c		TADCCOMPED		
		Pending Investigation]. [
CORONER	☐ Accident ☐ Suicide	Could not be	34e. PL	34e. PLACE OF INJURY—At home, farm, street building, etc. (Specify)				341. LO	CAND Breet IndiNur 1980 Jural R		ral Route Number. Chu n	loute Number, City or Town, State)	
USE ONLY	Homicide	Determined	DUI				Unit COUNTY			the state of the s			
· }	<u>.</u>												
l l	MAG DATE PRONO			34h. MOTOR	VEHICLE ACCIDENTS	(Yes or no) H	yes, spe		Minger, John strian, el	RU	W	1100	
	June 4	4, 1990		1				^	CO SOLU ROTEM	UNITY		4	