ſ	/3910278	185 185	<u> </u>	TE OF DEATH	State N	0	46.35Y
1		20129	9-73-7				
TYPE/PRINT				2 SEX	3a. TIME OF DEATH	36 DATE OF DEATH (Mana Cay, 11)	
IN PERMANENT		RIGHT 54 AGE-Last	Birthday 55 UNDER 1 YEAR	MAL)	E 2:27 AM	April 30, 199 BIRTHPLACE (Cry and State or Fore)	
BLACK INK		(Years)	56 Months Days	E Hours Moutes	une 23, 1934	INDIANAPOLIS,	•
	& WAS DECEDENT	8b. YEAR LAST SERVE	ED IN	9a PL	LACE OF DEATH (Check only one		
<i>i</i>	NO	N/A	HOSPITAL LI Inc		OTHER Nursing Home	Other (Specify)	
<i>9</i>	So. FACILITY NAME (If not inste.			1/Outpatient DOA 9c CITY, TOV	Residence NN. OR LOCATION OF DEATH	BE COUNTY OF DEATH	
DECEDENT	ST. CATHERI			EAST (CHICAGO	LAKE	
	10. MARTAL STATUS	11. SURVIVING SPOU			OCCUPATION (Give kind of work king Me. Do not use repred)	126. KIND OF BUSINESS/INDUSTRY	7 3
is in	MARRIED	THELMA	DOLLINS	TRUCK DRI	VER	Mc EOWN TRANS	P. m
1 /	130. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, O	The state of the s	13d. STREET AND NUM	BER EN	
à	INDIANA	LAKE	WHITING		2633 BIR	<u> </u>	THE !
4 1			OF 15 WAS DECEDEN 15 OUNTRY? 15 WAS DECEDEN	IT OF HISPANIC ORIGIN? Of yes, specify Cuban.	18. RACE—American Indian. : Black, White, etc. :	M dr. DECEDENCE EDUCAT	MAGE A
\$ 4	46394 130 ONAFA		Mexican Puerto	(Rican, etc.)	i i	Elementa EDS agondary (0-787. Colleg	門門
. V	70 No		• A •		WHITE	1	3 × v O
PARENTS	TA FATHERS NAME (First Mot)	1.4%	Descri	100	RS NAME (First Middle, Meiden Su	•	· · · · · · · · · · · · · · · · · · ·
	ARIZONA WRI		DOCU	Ment 184	RY VANNICE or Or Plural Route Number, City or Te	ium State Zio Cobe) 20c Reletionel	<u> </u>
INFORMANT	THELMA WRIG	/ -	10 T 2633			46394 WIFE	" Z.F
. 3	214 METHOD OF DISPOSITION		215 DATE AND PLA	ACE OF DISPOSITION (Name of		c. LOCATION—City or Town, State	- F
<i>(1)</i>	2 Burial ☐ Cremetion	Removal from \$ Si		imabezarape			ฐซึ
13.	Donation Dither (Spi	icitis	T CHAPEL	LAWN CEMETE		CHERERVILLE,	IN E
DISPOSITION	220 EMBALMERS NAME		22b EMBALME	RB LICENSE NO.	23. WAS DEATH REPORT	ED TO CORONER?	<u> </u>
7	DAVID CUNN	INGHAM	FDE 08	800169	□ No □ Y	· 	3
	244 SIGNAPURE OF FUNERAL	DIRECTOR	245	(b) Ucensee)		ISE NUMBER OF FUNERAL HOME	
	1/100 (20)		, er	E1001049	Owens Funera	1 Home FDH300	7291
, ,	Com Ca.		FD	E10010#3	816-119th St	Whiting IN	46394
J. C.	BAMEDIATE CAUSE (Final	esse, injuries, or complicate or heart failure. List only or		enter nonspecific terms, such as RREST	FILE	Ar Int	oproximate serval Between neet and Death
CAUSE OF	disease or condition resulting in death)		DUE TO (OR AS A CONSEQUE				0
DEATH 1	Conditions, if any, which gave	р. —	DUE TO (OR AS A CONSTOUR	NGE 050	MAY 3.1.1991		 \delta_
Y	rise to the immediate cause,		(A) Olim		MAI 311331		3
	I school aid numeriand.		DUE TO (OR AS A CONSEQUE	NOS OS			
	cause last		E CONSTRUCTION OF THE SECOND		\sim \sim \sim \sim	ا الله الله الله الله الله الله الله ال	3
	couse last	2. 8			and M/ Class	tow	Point
	PART II. Other eignificent condition	Carlot .	o to death but not promount each	GIN FIRST	TOR 90 DAYS PERFORM	OTOPSY 285. WERE AUTOPSY AVAILABLE PRIOR	FINDINGS TO CAUSE
	PART & Other significant condition	ons - Conditions contributing	o to death but not proviously esset	MINE OF THE OTHER PROPERTY OTHER PR	TOR 90 DAYS PERFORM	OTOPSY 28b. WERE AUTOPSY AVAILABLE PROI COMPLETION OF OF DEATH! (196	FINDINGS TO CAUSE
	PART II. Other significant condition	one - Conditione contributing CERTIFYING PHYSICIAN	to death but not proyously essets To the best of my knowledge.	din Fert of was Dec PREGNAN POSTPAR (Yes, or in NO death occurred at the time, date, as	TOR SO DAYS PERFORM (Yee or rid	OTOPSY 28b. WERE AUTOPSY 27b. WERE AUTOPSY COMPLETION OF OF DEATH? (Yes a stated.	FINDINGS TO CAUSE
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