THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE \$2037764

PORTER COUNTY BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TYPE/PRINT	T DECEASED-NAME (First Middle, Last) 2 SEX Ja Time OF DEATH Jb DATE OF DEATH (Mora Day Y/)						(Morth Day Ye)
IN IN	Forrest Elw	ood Studer		MAL		m Apr 12	
PERMANENT	4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	56 UNDER I YEAR Morehe Daye	Sc UNDER I DAY 6 D	ATE OF BIRTH (Mo. Dey Yr)	7 BIRTHPLACE (City and	
BLACK INK	317-20-8696	86 YEAR LAST SERVED IN		AP	or 24. 1913	In See petrophys)	2 11
	A U.S. VETERAN?	US ARMED FORCEST	HOSPITAL Inpetie		T	Other (Specify)	2 0
'	NO		□ EP/Ov	AOD DI Inesequ	Residence		D SER
DECEDENT	Whispering	Pines Nursi	ng Home	Rosel	NN. OR LOCATION OF DEATH . AWN	Porter	ATH BB
	12 MARTIAL STATUS 11 SURVIVING SPOUSE 12 STATUS 12 SURVIVING SPOUSE 12 STATUS 12 STATU						
	134. RESIDENCE—STATE In	Lake	Shelby	CATION	130 STREET AND NU 23320 E	Eilmore St	. Box 155
	130 ZIP CODE 131 INSIDE CIT	Y-LIMITS 14 CITIZEN OF WHAT COUNTRY	15 WAS DECEDENT O	F HISPANIC ORIGIN?	16 RACE—American Indian, Black, White, etc.		NT'S EDUCATION S
	46377 130 ON A FAR		Mexican Puerto No	nent is	SOWHITE	Elementary/Secondary (0-	
PARENTS	Adolph Stud		TOF	TI CI A	Bastwood	Surpame)	
INFORMANT	200 INFORMANTS NAME (Typo) LITTIAN Stu	ider This Do	23328 cument	Filmore Sthe prop	erty of	Yourn State Zip Codu)	No. Relationship Spouse
j	218 METHOD OF DISPOSITION	Removal from State	215 DATE AND PLACE	pty Liecous	Cametory, gramatory, or	No LOCATION-Cay or To	own State:
•	□ Donetton □ Other (Speci			Memorial (Lowell, E	THE CALL
DISPOSITION	Kenneth P.	Sheets	FD08	900045	23 WAS DEATH REPOR		· · · · · · · · · · · · · · · · · · ·
	244. SIGNATURE OF FUNERAL DI	RECTOR		ZENSE NUMBER	Sheets Fur	ENSENUMER OF FUNERA	How 04 B
* !	Kenne	lo P. Sh	el Lo F	D0 <mark>8900</mark> 45	Commercial	Lowell I	n. FD8300427
		ies, injuries, or complications that car r heart failure. List only one cause o	n each line			- AHU	February Between
	IMMEDIATE CAUSE (Final disease or condition	wilt ConA	· · ·	Onset and Death			
CAUSE OF DEATH	DUE TO (OR AS A CONSEQUENCE OF) Conditions, if kny, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) The conditions of the conditions o						
				(Yes or n			EATHT (Yes or no)
	29a CERTIFIER Y C	ERTIFYING PHYSICIAN To the !	peet of my knowledge, deet	occurred at the time, data, ar	nd place, and due to the cause(s)	es stated	
	29s CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated						
ļ		ORONER On the basis of examin	ation and/or investigation, is	my opinion, death occurred	1		
CERTIFIER	296. SIGNATURE AND TITLE OF C	CERTIFIER S 4V/Jut	T. M.D		010 35 322	- I'	SIGNED (Month Day, Year) R , 14 , 1992
	Sudhakar	ason who completed cause Barlapati MD	of 401 Wall	St. Valpa	araiso, IN	46383	·
HEALTH: (31. HEALTH SPECERS SHOULD					DATE!	LED (Month Day, Year)
> I	33 MANNER OF DEATH	340 DATE OF INJUR	RY 346 TIME OF	34c INJURY AT WOR	RK7 34d DESCRIBE HO	W INJURY OCCUPRED	11/2
1	□ Natural □ Pending	(Month. Day. Yel	YAULNI (w	(Yes or no)			
0,	Natural Pending N	· ·	10V A1 home 1000 0000		241.105.47101145	D. ad D. da Nijebaa /	<u> </u>
USE ONLY	Suicide Could not b		IRYAl home, farm, atreet. ecdy)	factory, office	34f. LOCATION (Street and Nun	nber of Hural Houte Number, (on sound state.
)]	1 Homikida	365					- In U N
W	DATE PROHOUNCED DEAD		OR VEHICLE ACCIDENTE	(Yes or no) If yes, specify d	driver, passenger, pedestrian, etc	Or	2161
	<u> </u>					<u> </u>	161
Lots	Ha, Blk	12, Village	of She	lby PB.	2, page 7		~
. , , , ,	1/	''	0	71)	1. 1		