## INDIANA STATE BOARD OF HEALTH

ocal No	9	<b>9203</b> 8	3011		TE OF DEATH	Stat	te No		
TYPE/PRINT IN	red Fred	HAST		DDLE	Nash		2 SEX	1-7-8	89
PERMANENT BLACK INK	4 SOCIAL SECURITY NUMBER 54 429-10-4665a		AGE-Lest Birthday 55 UNDER 1 YEAR 56 UNITER 1 DAY 6 DATE OF BIRTH (AMONN 1 Year) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			.13		ville Ten	
	8 YEAR LAST SERVED IN U.S. ARMED FORCES?  YES: WW2  PD FACILITY NAME (If not institution give street and number)  9a PLACE OF DEATH (Check only one See instructions)  OTHER								
DECEDENT	3830 Cat	tolpa	SURVIVING SPOUSE	East, Chicago			10	OUNTY OF DEATH Lake ND OF BUSINESS/IF	
<b>7</b> §	Never Married Widowed DrWIGOWed	,	(X wife give meiden neme)		(Give kind of work done do Do not use relived) R	Cove kind of work done during most of working Me Do not use refixed Retired		Auto De	
2	Ind.		ake	<del></del>	Chicago	<del></del>	30 Cato		
34	LIMITS7 (Yes or no)	. FARM	13g ZIP CODE 46312	(Specify No or Y Mexican Puerto I	T OF HISPANIC ORIGIN? Yes - M yes apecdy Cuber. (Ricen etc.) D No D Yes	15 RACE—American Indian Black, White etc (SpecifyBlack	(5	16 DECEDENT BE Specify only highest of I/Secondary (0-12)	grade completed)
PARENTS	Yes 46312 Specify  17 FATHERS NAME (First Middle Leed) Witt Nash  Roxie								
NFORMANT #	19a INFORMANTS NAME (Tra Alfons	ype/Print):	LD	QQ 11 450	NG ADDRESS IS IN A NUMBER OF I		y or Town State 2	Zip Code) 19c I NE	Relationship ephew
	20s METHOD OF DISPOSITION  Surial Cremation  Donation Other (Sc	ON District	ral flore State 1	other place!	CE OF DISPOSITION (Name of 2)	englery tremetory or	20c LOCATIO	IONCity or Town !	State
DISPOSITION	21a SIGNATURE OF FUNERAL	-/ nos	is Docu	ment is	tonenparoper	WAME ADDRESS AND Andrew Smit	th F.H.	bart, I BER OF FUNERAL HO FDH:	0 2635 6
	Copplete tems 23a-c only	Con the second	o the best of my knowle	Le Moure	E Regardes the time, date, and place stated	1934 E. 21st	L AVC. 2GG	Sary ZIN	46407:
PHYSICIAN ONLY	when certifying physicish is not available at time of death to certify cause of death	Signati	itute and Tale <				in.		(Month Day, Year)
HE COMMPLETED BY HERSON WHO PHONOUNCES DEATH	24. TIME OF DEATH 10:30 A.M.			uary 7, 19			AS CASE REFLINE		XAMINER/CORONER?
K	arrest, shock		or complications that called only one cause of		enter the mode of dying such as c	cardiac or respiratory	10 P		Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition in resulting in death)		DUE TO (	ar collaps	NCE OF)		dd noon		Unknown
<b>~</b>	Sequentially list conditions: if any, leading to immediate cause. Enter UNDERLYING	b		arteriose ORASACONSIDUA	derotic heart	t % Vascular	diseas	aG.	
	CAUSE (Disease or injury that included evertal resulting in death) LAST		DUE TO (	ON AS A CONSEQUEN	NCE OF)	JUN 1 180	H.	and the second of the second o	
CAUSE OF SEATH	PART II Other eignificant conds	nions contribuen	g to death but not resul	ting to the underlying ca.	MA LULIN DEK	M. CA	MINION STATE	AVAILA COMPLI	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATHY (Yes or no)
SEE NSTRUCTIONS	29s CERTIFIER (Check enly one)		<del></del>		eth when another physician has pro	onounced death and complete	red from 250		
DERTIFIER C		PRONOUNCE	ING AND CERTIFYING	O PHYSICIAN (Physician	n both pronouncing death and certs te, and place, and due to the causel	· •			
<b>K</b>	È	MEDICAL EX	KAMINER Z COR	ONER			cause(s) and mann	er sa stated	***************************************
2 m	200 SIGNATURE AND TITLE C		0 0)	hemou		29c. LICENSE NUM		29d. DATE SIG	GNED (Month, Day, Year) 7,1989
3	30 NAME AND ADDRESS OF DANIEL D. TI			E OF DEATH (ITEM 27) (			INT, IN	<u></u>	
HEALTH DFFICER	31. HEALTH OFFICER'S SIGNA				או רדל ב איני			32 DATE FILE	ED (Month, Day, Year)
CORONER OR	33 MANNER OF DEATH  Natural Pending	Noon	34a DATE DEINJUR (Month Day, Yel	JRY D'346 TIME C	OF 346 INJURY AT WOR	HK? 34d DESCRIB	BE HOW INJURY O		<i>^</i>
MEDICAL EXAMINER USE DNLY	Accident Investign Suicide Could in Homocide	not be	34e. PLACE OF INJU- building, etc. (Sp.	/URY—At home, farm, su (pec/ly)	reet, factory, office	34f. LOCATION (Street and	<del></del>		
1	SBH06-004 State Form	1011070	10-971 DEATH	H A/PD 1	<u>L</u>		<del></del>		