94019014 INDIANA STATE BOARD OF HEALTH Local No. 2220-9/

IN		George W.	Sutton	z. sex Ma.)		OF DEATH	october 30	
MANENT	4 SOCIAL SECURITY NUMBER	Sa. AGE-Last Birthde (Years)	y Sh UNDER I YEAR Morehe Days	Sc. UNDER 1 DAY 6	DATE OF BINTH (\$199	3m 7 8	SIRTHPLACE (City and See	
CK INK	304-32-8857	58			Jan. 1, 193		tevenson, A	Alahama
	A WAS DECEDENT A U.S. VETERANT YES	US ARMED FORCEST	HOSPITAL Input	iderd .	OTHER D North	ng Homo 🔲 (
ENT	9b. FACILITY NAME (If not institute 8920 Ohio Pl	ton, give street and number!	UW	Outpassent DOA DOA De. CITY. To	OWN OF LOCATION OF Highland		M. COUNTY OF DEATH	H
	10 MARITAL STATUS 11. SURVIVING SPOUSE MAITTIED HEIEN GIlber		rtson	12a DECEDENTS USUAL OF		f of work 1:	125 KIND OF BUSINESS/INDUSTRY Furniture Sales	
	Isa residence—state Indiana	Lake	13s. CITY, TOWN, OF		134 STREET	AND NUMBER 0 Ohio	MBER	
	134. ZIP CODE 131. "MSDE CITY LIMITS 14. CITIZEN OF WHAT COUNTRY 134. ON A FARM?		AVI ACINO CI	15. WAS DECEDENT OF HISPANIC ORIGIN? PO O Yes (If yes specify Cube Mission, Puerto Ricon, etc.)		Indian,	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	
TS	IN FATHER'S NAME (First Alleide	U.S.A.		19/мот	White		12	
. •	Carl Sutton				Bessie Ak			
TNANT	Helen Sutton	This Doc	8920	Ohio Pl. Hic	ghland, Ind	iana		Wife
	21a. METHOD OF DISPOSITION Burial Cremition	☐ Enternament ☐ Removed from State	21b. DATE AND PLAC other place)	November 2		21a. L	OCATION-City or Town	s. State
	☐ Donetton ☐ Other (Spec	4))		cood Cemeter	7		mmond, Ind:	iana
OSITION	Edgar Gleim			226. EMBALMER'S LICENSE NO. FDO 1016173		23. WAS DEATH REPORTED TO CORONER?		
	24s. SIGNATURE OF FUNERAL D	MECTOR .		(of Licensee)	Kuiper Fu	neral	NUMBER OF FUNERAL H HOME 9039 I	
		azer 1	E	DO 1014511	Highland,	India	na FDH 300	0-7500
×	26. PART I. Enter the place	ens, injuries, or complications that	t caused the death. Do not a					Approximet
X		or heart failure. List only one cause. M. C. C. A.	t caused the death. Do not e e on each line.	nor noneposite sirma, auch a 1807-850 ja ja ja	THIS CERTIFIES	pir facil		Approximate Interval Bate Onset Into D
řI	IMMEDIATE CAUSE (Final during abits) Conditions if any, which gave	or heart failure. List dirty one cause a	t caused the death. Do not a a on each line.	nier noneecche serme, such a 1 <i>50m - C SO ya 'n car</i> ce ora	cordina or respensively	A OF SPECIAL	S. N	Approximate Interval Bets Onset Sets C
FI	Eviting and the course (Final disease or could be counted to the sumedista cause, setting the underlying cause less 100 A	or heart failure. Liet only one cause M. C. T. DUE TO B. OUE TO	to couled the death. De not e a on each line. If the coule in a consequence of the coule in a c	nier nonepochic terme, such a 1 <i>500 - E SOYA İA AY</i> CE OPA	THIS CERTIFIES TO DEATH ON THE LEALTH DEPT	A CH	SA III	Approximate interval Bate Onest Ent C
MAF	Eviting and the course (Final disease or could be counted to the sumedista cause, setting the underlying cause less 100 A	b. OUE TO	topped the death De not en on each line. "Antic gue O (OR AS A CONSEQUEN O (OR AS A CONSEQUEN O (OR AS A CONSEQUEN	CE OFF. 27. WAS DE	THIS CERTIFIES DEATH ON IT LEATH DEPT CEDENT NY OR SQUARES GRUNN OR SQUARES GRUNN OR SQUARES	WAS ARAUM	S S S S S S S S S S S S S S S S S S S	Approximation interval 8 at the Connect farit Connect fari
MAF	IMMEDIATE CAUSE (Final disease or cooding of the conditions of any, which gave rise to the immediate cause, setting the underlying cause last 1994 PART II. Other significant condition PART II. Other significant condition Conditions	DUE TO CERTIFYING PHYSICIAN To the SEALTH OFFICER On the beautiful of the	to caused the death. De not et a on each line. STATIC QUE O COR AS A CONSEQUEN The bust not previously stated The best of my knowledge, de of examination and/or invent	CE OF). 27. WAS DE PREGNA POSTPA (Yes or NC).	THIS CERTIFIES TO DEMPLY THE TIME THE T	WAS ANAUTY PERFORMANTALISMENT OF THE PARTY O	DOM MISSIONE H COMMISSIONE Muse to the cause(s) as state	Approximate Interval Bet Onest Interval Bet Onest Interval Bet Onest Interval Bet Interval
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