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## INDIANA STATE BOARD OF HEALTH

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PATENTS  JOH: DESIGN  JOH: DESI		13e ZIP CODE	131. INSIDE SIT	Y LIMITS								7 ا (S <b>po</b>	DECEDENT	3 EDUCATION	N leted)	
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The Processing State Country of the State Country	PARIENTS	i	SHALL BOTH BE SYNKIANS	LBJU		Jeun	ITCII				ide Maden Su		:¢		·	
THE METHOD OF 3. POSITION   General Continues   The Continues	INFORMAN	20s INFORMAN	T'S HAME (Type/	-	NOT			RESS ( Let Ac	2 /	Napur A	ber, City or To	wn, State. Zip (	Code) 20c	Relationship		
DISPOSITION  Domestic Concepts   March 28, 1990 Evergreen Cemetery   Hobart, Indiana    22 EVENAMENT NAME   Sherman G. Banks III   20 DEATH (Colorage)   20 DEATH   20 DEATH (Colorage)   20 DEATH   2	2	-	Car of the last of	The second second	s Doy	-	and the second			-						
DISPOSITION  222 EMBALMERS NAME Sherman G. Banks III  234 SIGNATURE OF PUREMAL DIRECTOR  245 SIGNATURE OF PUREMAL DIRECTOR  246 SUCCESSE FINANCE OF FUNEMAL DIRECTOR  247 SUCCESSE FINANCE OF FUNEMAL DIRECTOR  248 SIGNATURE Every the desease income or complications but cleased the dash Do not mine recognished tearns such as caldule or respiratory  Approximate sizes, a second or finance in the second or second in the second or second in the second or recognished tearns such as caldule or respiratory  Approximate in the second or finance in the second or second in the second or recognished tearns such as caldule or respiratory  Approximate in the second or finance in the second or second in the second or recognished tearns such as caldule or respiratory  Approximate in the second or finance in the second or second in the second or second in the second or recognished tearns such as caldule or respiratory  Approximate in the second or finance in the second or second in the second or second in the second or second or recognished tearns such as caldule or respiratory  Approximate in the second or finance in the second or secon	7	XXXX	Crimation	☐ Remov		other place)	ntv R	ecoAfi	Rr1 5	1994						
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29a CERTIFIER  29a CERTIFIER  (Check only one)   MEALTH OFFICER On the pane of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated    CORONER On the pane of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated    CORONER On the pane of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated    29b. SIGNATURE AND TITLE OF CERTIFIER    29c. MEDICAL LICENSE NO						WIND I	ANTHI	POS	TPARTUM?			77	COMPL	ETION OF CA	. 32UN	
CERTIFIER    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   CORONER On the basis of examination and/or investigation, is my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated   29b SIGNATURE AMPLITIE OF CERTIFIER	e commenter e e er	gar an ann an				· ·	The company of the control of the co	/	1		120	5		THI CICA OF IN		
CERTIFIER    CORONER   Continue   Coroner   Co																
CERTIFIER  296. SIGNATURE AND FILE OF CERTIFIER  30 NAME AND ADDRESS OF PERSON WHO COMPLETEL CAUSE OF DEATH (ITEM 26) (Type/Frint)  Dr. Charles Chuman, M.D. 8701 Broadway Merrillville, Indiana 46410  31. HEALTH OFFICER  33. MANNER OF DEATH  34. DATE OF INJURY  34. DATE OF INJURY  34. INJURY AT WORK?  (Yes or no)  34. LOCATION (Street and Mymber of Rural Route Number, City or Town, State)  34. PLACE OF INJURY—At home, farm, street, factory, of. Location (Street and Mymber of Rural Route Number, City or Town, State)  34. PLACE OF INJURY—At home, farm, street, factory, of. Location (Street and Mymber of Rural Route Number, City or Town, State)  34. LOCATION (Street and Mymber of Rural Route Number, City or Town, State)		one)	_ ~				•									
Dr. Charles Chuman, M.D. 8701 Broadway Merrillville, Indiana 46410  HEALTH OFFICER  31. HEALTH CFFICERS SIGNATURE    Succeeding   Succe	CERTIFIER	296. SIGNATURE			Bu	n M									Des You	
HEALTH OFFICER  31. HEALTH C-FICER'S SIGNATURE    STATE FILED Month Car. Year)   STATE FILED MONTH CAR. YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR							• • •			Mer	rillvil	le. Ir	ndiana	46410	2U	
OFFICER  33 MANNER OF DEATH  34a DATE OF INJURY 34b TIME OF 194 (Yea or no)  34d. DESCRIBE HOW INJURY OCCURRED  (Month, Day, Year)  34d. DESCRIBE HOW INJURY OCCURRED  (Month, Day, Year)  34d. DESCRIBE HOW INJURY OCCURRED  (Month, Day, Year)  34d. DESCRIBE HOW INJURY OCCURRED  34d. DESCRIBE HOW I	UEA! TH				, H.D.			- Loudway								
CORONER USE ONLY    Netural   Pending Investigation   Accident   Suicide   Could not be Determined   Determined   Determined   Suicide   Could not be Determined   Could not b		Kelu	lia E	- 12	tion M	10 MPA	<u>//20</u>	,					MAK. 3	U3881 -		
CORONER USE ONLY  Investigation    Accident		33 MANNER OF	DEATH							34d. D	ESCRIBE HOW	INJURY OCCI	JRRED		٠.	
USE ONLY    Suicide   Could not be Determined   Suicide   Could not be Determined   Suicide   Could not be Determined   Co																
	USE ONLY	Suicide Could not be							34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
			OUNCED DEAD	(Month, Day,	Year) Sin MOTO	OR VEHICLE ACCI	DENT? (Yes	or no) if yes, spe	cify duver, j	passenger, pe	destrian, etc.		<u> </u>	1.0	0	