## 94029612 92-0917 INDIANA STATE DEPARTMENT OF HEALTH

<b>CERT</b>	IFICAT	TE OF	DEATH
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State No.

1 DECEASED-NAME (FIRST N	Middle Last)				2 SEX		3. TIME OF DEAT	H 3h DATE	OF DEATH (14	(les tri
Callie	D.	Mabone				emale		1	enioer 2	
4 SOCIAL SECURITY NUMBER		AGE-Last Birthday	56 UNDER I YEAR	Sc UNDER			IRTH (Mo Dey Yr) "	7 BIRTHPLA	Ct (City and State	or Forman Country)
305-32-5303		(Years) 68	Months Days	Hours	Minutes			_	•	
80 WAS DECEDENT		LAST SERVED IN		·						***
NO VETERANT	l us		HOSPITAL X Inper	tient		OTHER	☐ Nursing Home	Other (Soe	cdv)	
			☐ ER/C	Outpatiem	AOC		☐ Residence	4		<u> </u>
			_				CATION OF DEATH	1.		
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	II SUR	(# wife pive mades name)		12e DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working ite Do not use retired)				126 KIND OF BUSINESS/INDUSTRY S		
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	1	=	_	LOCATION						# C. C.
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<del>}</del>		TACA	Mexican Puerto F	Pican, etc.)		_	_ '	Elementary/Se	condary (0. (2)	College (1:4 or 5 + )
		OSA	ocum	ent	15	В	1.50c	8:51	D ==	
18 FATHERS NAME (First Middle	ne Leath	1-4-			19 MOT	HERS NAME	(First Middle Maiden S	iurname)	X.	0
Edgar Jones	/					mma	Eddeton	-	ي پ	,
	11	4 . 5	Name and Address of the Parket					Town State Zip	1	elationship
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_			other place)	E OF DISPOSIT	ION (Name	OO 2	cremetory or	PIC LOCATION	N—City or Town !	State
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				nter nonspecific i	erms such	as cardiac or	respiratory			Approximate Interval Between
MANAGENATE CAUSE GOA		GITOR	RI ACTONIA	1271	LIT	FAZA	16- B2	710		Onset and Death
thabase on contract.						- 011		./1/V		1
AstmitS at Death			(i) Olerania						<del></del>	
Conditions if any which gave the sq the immediate hause.		DUE TO E	OR AS A CONSEQUENC	CE OF)						
steing the inhority-ng		DUE TO (	OR AS A CONSEQUENCE	CE OF)			//		<del></del>	
( 新公司等 (開新)			E & SEA				/			
PART I: Other sends are condition	ra Canada	one contributing to death	X. Arres	o Paul I					T	
The state of the s		the country of the control		imi						TOPSY FINDINGS E PRIOR TO
id					POSTPARTUM?		(Yes or no)		COMPLETION OF CAUSE OF DEATH? (Yes or no)	
•							No			
	CENTIFYIN	G PHYSICIAN To the	bescoting knowledge de	ain occurred at t	ne time dati	e and place a	nd due to the cause(s) (	s stated		
Cuheck only	HEALTH C	FFICER On the basis of	examination and or mives	stigation in my o	pinion death	occurred at t	the time date and place	and due to the	cause(s) as stated	
one:		On territories of examin						e to the cause(s	) and manner as at	sled
	COBONER	0.7.0	ation and or investigation	in my opinion t	leath occurr	ed at the time	date and place and ou			
			, ,	in my opinion t	leath occurr	<del></del>	MEDICAL LICENSE	ИО	29d DATE SIG	IED (Month Day Year)
		18/1/20	, ,	in my opinion t	Heath DCCurr	<del></del>		ИО	_	SC G2 .
296 SIGNATURE AND TITLE OF	CERTIFIER	SVISCO COMPLETED CAUSE	OF DEATH (IXEM 26) ()	Type (Print)		21	MEDICAL LICENSE	ИО	_	•
296 SIGNATURE AND TITLE OF	CERTIFIER	SVISCO COMPLETED CAUSE	ea.	Type (Print)		21	MEDICAL LICENSE	ИО	_	•
296 SIGNATURE AND TITLE OF	CERTIFIER ERSON WH 125	SVISCO COMPLETED CAUSE	OF DEATH (IXEM 26) ()	Type (Print)		21	MEDICAL LICENSE	ИО	0&-:	30 92 .
Dr. Barai	CERTIFIER ERSON WH 125	SVISCO COMPLETED CAUSE	OF DEATH (IXEM 26) ()	Type (Print)		21	MEDICAL LICENSE	ИО	0&-:	•
Dr. Barai	CERTIFIER ERSON WH 125	O COMPETED CAUSE PART 89  WHEN BY  JAA DATE OF INJU	OF DEATH (IZEM 26) (I th Ave. I	Type-Pimi) Merfil	M'	le,I	N 46410	7	32 DATE FILE	30 92 .
296 SIGNATURE AND TITLE OF 30 NAME AND ADDRESS OF PE Dr. Barai 31 HEALTH OFFICERS SIGNATU 33 MANNER OF DEATH	CERTIFIER ERSON WH 125	COMPETED CAUSE PART 89	OF DEATH (IZEM 26) (I th Ave. I	Type-Pimi) Merfil	M'	21	N 46410	7	32 DATE FILE	30 92 .
296 SIGNATURE AND TITLE OF  30 NAME AND ADDRESS OF PE  Dr. Barai  31 HEALTH OFFICERS SIGNATU  33 MANNER OF DEATH  Netura! Pending	ERSON WH 125	O COMPETED CAUSE PART 89  WHEN BY  JAA DATE OF INJU	OF DEATH (IZEM 26) (I th Ave. I	Type-Pimi) Merfil	M'	le,I	N 46410	7	32 DATE FILE	30 92 .
296 SIGNATURE AND TITLE OF  30 NAME AND ADDRESS OF PE  31 HEALTH OFFICERS SIGNATI  33 MANNER OF DEATH  Natural Pending 'nvestigation'	CERTIFIER EHSON WH 125 UHE	SVIETO CAUSE PART 89  340 DATE OF INJU (MONTH Day Ye)  340 PLACE OF INJU	OF DEATH (IEM 26) (1) th Ave. I  RV 34b TIME O INJURY  URY—At home farm stre	Type-Print) Merfil	W N	le,I	N 46410	мо 7	32 DATE FILE	O (Montingly)
296 SIGNATURE AND TITLE OF  3G NAME AND ADDRESS OF PE  Dr. Barai  31 HEALTH OFFICERS SIGNATU  33 MANNER OF DEATH  Natura! Pending Investigation  Accident Could not Determined	EHSON WHE 125	O COMPETED CAUSE  PART 89  AND DATE OF INJUITED ON YES	OF DEATH (IEM 26) (1) th Ave. I  RV 34b TIME O INJURY  URY—At home farm stre	Type-Print) Merfil	LURY AT	le,I	N 46410  34d DESCRIBE HO	мо 7	32 DATE FILE	O (Montingly)
296 SIGNATURE AND TITLE OF  30 NAME AND ADDRESS OF PE  Dr. Barai  31 HEALTH OFFICERS SIGNATU  33 MANNER OF DEATH  Netural Pending Investigation Accident Suicide Could not	EHSON WH 125 UHE	348 DATE OF INJU (Month Day Ye building etc (Se	OF DEATH (IEM 26) (1) th Ave. I  RV 34b TIME O INJURY  URY—At home farm stre	Proper Printiple  Merril  Figure 1	PR 1	1e, I  WORK?  199/	N 46410  34d DESCRIBE HO	мо 7	32 DATE FILE	O (Montingly)
	86 WAS DECEDENT A US VETERAN? NO  90 FACILITY NAME (If not name the control of th	86 WAS DECEDENT A US // NO  90 FACILITY NAME (If not institution give at Methodist Hospital  10 Married  11 Married  11 SUPPODE STATE SAME SAME SAME SAME SAME SAME SAME SAM	Be WAS DECEDENT A US ARMED FORCES?  NO  PO FACILITY NAME (If not institution give street and number)  Methodist Hospital Northlake  10 MARITAL STATUS (If with give made in inspiral institution in its country indicated)  13a RESIDENCE—STATE 13b COUNTY I.A.C.  13a ZIP CODE 13f INSIDE CITY LIMITS 14 CITIZEN OF WHAT COUNTRY  46407 13g ON A FARM?  14 FATHERS NAME (Feet Address Leaf)  Edgar Jones  20a INFORMANT S NAME (Feet Address Leaf)  Edgar Jones  21a METHOD OF DISPOSITION   Entombream  DX Buriel   Gremetion   Remove from State   Doneton   One (Specify)  22a EMBALMERS NAME  Patsy Allen  24a SICA/S Limit OF FUNERAL DIRECTOR  MAME CHAIL CAUSE (Final Country one cause of concession of the immediate cause of concession and in a cause of cause of cause of cause of ca	Be WAS DECEDENT AUS VETERAN? NO BY YEAR LAST SERVED IN US ARMED FORCES? NO HOSPITAL K Inpa  PO FACILITY NAME (If not institution give street and number)  Methodist Hospital Northlake  10 MARTAL STATUS II SURVIVING SPOUSE (If with over mainten many)  Mathodist Hospital Northlake  11 SURVIVING SPOUSE (If with over mainten many)  Mathodist Hospital Northlake  12 CITY TOWN OR Gary  13 CITY TOWN OR Gary  13 CITY TOWN OR Gary  14 CITIZEN OF WHAT COUNTRY?  MANAGER PURPLE  14 CITIZEN OF WHAT COUNTRY?  MANAGER PURPLE  15 WAS DECEDENT  WHAT COUNTRY?  MANAGER PURPLE  16 CANAGER PURPLE  20 INFORMANT IS NAME (Fact Addone Lear)  Edigar Joines  21 METHOD OF DISPOSITION Removed from State  Donation One (Speech)  22 EMBALMER'S NAME  Patsy Allen  24 SIGNIG Lawly OF PURPLEAL DIRECTOR  25 EMBALMER'S NAME  Patsy Allen  26 EMBALMER'S NAME  Patsy Allen  27 EMBALMER'S NAME  Patsy Allen  CONSTRUCT OF PURPLE ADDRESS OF THE BURNE STATE OF THE MANAGER PURPLE  26 EMBALMER'S NAME  Patsy Allen  CONSTRUCT OF PURPLE ADDRESS OF THE BURNE STATE OF THE MANAGER PURPLE  26 EMBALMER'S NAME  Patsy Allen  CONSTRUCT OF PURPLE ADDRESS OF THE BURNE STATE OF THE MANAGER PURPLE  27 PAINT Emer The dispasses of Curpon College of the Asia Conscious Name of the Information of T	Be WAS DECEDENT NO BY YEAR LAST SERVED IN US ARMED FORCES? NO N/A WOSPITAL RIPOREM DE PROCES? NO WETHAN? NO BY FACILITY NAME (If not institution give street and number) Methodist Hospital Northlake  10 MARITAL STATUS IT SURVIVING SPOUSE (If wife pove midden name)  13a RESIDENCE—STATE 13b COUNTY IAKE  13a RESIDENCE—STATE 13b COUNTY IAKE  13a RESIDENCE—STATE 13b COUNTY IAKE  13a ZIP CODE 13i INSIDE CITY LIMITS 14 CITIZEN OF WHAT COUNTRY!  46407 13g ON A FARRA?  NO Yes WHAT COUNTRY!  46407 13g ON A FARRA?  15 WAS DECEDENT OF HISPANIC CANNEL (Type Head)  15 WAS DECEDENT OF HISPANIC CHARACTER (LIMIT)  15 WAS DECEDENT OF HISPANIC CHARACTER (LIMIT)  16 WAS DECEDENT OF HISPANIC CHARACTER (LIMIT)  170 MAILUNG ADDRESS (SI  170 MAILUNG ADDRESS (SI	Be WAS DECEDENT NO US ARMED FORCES?  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State Form 10110 (R/1-92) DEATHCEHIPD 1