

Rebecca Prevo-Beaton, 813 Walton Lane, Gracedale, IN 46030

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2115-95

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

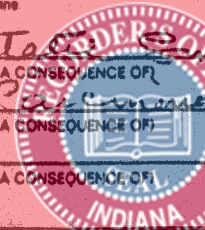
HEALTH OFFICER

1. DECEASED—NAME (First Middle Last) Virginia Prevo		2. SEX Female	3a. TIME OF DEATH 05:00A	3b. DATE OF DEATH (Month, Day, Yr) September 17, 1995
4. SOCIAL SECURITY NUMBER 317-42-8762	5a. AGE—Last Birthday 78	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Jul 27, 1917
7. BIRTHPLACE (City and State or Foreign Country) Vinita, Oklahoma	8. PLACE OF DEATH (Check only one. See instructions)			
9a. WAS DECEDENT A U.S. VETERAN? No.	9b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		
9c. FACILITY NAME (If not institution, give street and number) 15303 Colfax		9d. CITY, TOWN OR LOCATION OF DEATH Lowell		9e. COUNTY OF DEATH Lake
10. MARITAL STATUS Widowed	11. SURVIVING SPOUSE (If any, give maiden name) None	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Realtor		12b. KIND OF BUSINESS/INDUSTRY Real Estate
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Lowell	13d. STREET AND NUMBER 15303 Colfax	
13e. ZIP CODE 46356	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (13-16 or 17+)		18. FATHER'S NAME (First Middle Last) Arthur John Barrett		
19. MOTHER'S NAME (First Middle Maiden Surname) Hildred Augenstein		20a. INFORMANT'S NAME (Type/Print) Kenneth Prevo		
20b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15303 Colfax, Lowell, IN 46356		20c. Relationship Son		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sep 19, 1995 Concordia Cemetery		21c. LOCATION—City or Town, State Hammond, IN
22a. EMBALMER'S NAME Kenneth P. Sheets		22b. EMBALMER'S LICENSE NO. FD08900045		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR Kenneth P. Sheets		24b. LICENSE NUMBER (of Licensee) FD08900045		25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home, FD08900427 604 E. Commercial Ave. Lowell, IN
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. THIS CERTIFIES THAT ABOVE IS SINGLE CAUSE OF DEATH. COMPLETE COPY OF THE CERTIFICATE OF DEATH IS FILED WITH THE LAKE COUNTY HEALTH OFFICER.				
26. PART II. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. THIS CERTIFIES THAT ABOVE IS SINGLE CAUSE OF DEATH. COMPLETE COPY OF THE CERTIFICATE OF DEATH IS FILED WITH THE LAKE COUNTY HEALTH OFFICER.				
26. PART III. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. THIS CERTIFIES THAT ABOVE IS SINGLE CAUSE OF DEATH. COMPLETE COPY OF THE CERTIFICATE OF DEATH IS FILED WITH THE LAKE COUNTY HEALTH OFFICER.				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) GCT 27 1995 SAM ORLICH AUDITOR LAKE COUNTY				
28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)				
29. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> CORONER 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) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER Selma Gailani			29c. MEDICAL LICENSE NO. 27970	29d. DATE SIGNED (Month, Day, Year) Sept 21, 1995
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Sarmon Gailani M.D., 9116 Columbia Ave. Master, IN 46321				
31. HEALTH OFFICER'S SIGNATURE Alexander D. Williams, M.D.				32. DATE FILED (Month, Day, Year) Sept. 21, 1995
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		001743		

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#3-169-17, 18, 19, 20, 21, 23, 24, 25, 50

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 95 OCT 27 PM 2:22 MARGARET LEVLAND RECORDER



FILED