				a figure a state of		-								
新1.									C	IIS CERTIFIES	PY OF DIAT	H ON FIL	TRUE AND	
Local No	619		IN	DIANA S					EALIH	wwond he 11 20,1993	ALIH DIPA	MENT.	in war	
Local IVO	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3										te issued Herryrjung Heelth Commissioner			
TYPE/PRINT	1 DECEASED—NAME (Fuel Middle Leel) 2 SEX								30 TIME OF DE	1. (3.4)	OF DEATH (Man	n pay res	,	
IN PERMANENT	4 SOCIAL SECU		5e /	56 AGE -Last Birthday 50 UNDER 1 YEAR 50 UNDER				Female 1:20 p.m July 18 1993 DAY 6 DATE OF BIRTH IMO Day Yri 7 BIRTHPLACE (Day and Store or Poreign Country)					ountry)	
BLACK INK	312-18-2827		(YMAIA) 68 80 YEAR LAST SERVED IN						August 27, 1924 Hammond, Indian					
	Be WAS DECEDENT A U.S. VETERAN?		US ARK	MED FORCES?	MOSPITAL Inpetient			PLACE OF	***************************************	one See instruction Other (Sp.	Other (Specify)			
	96 FACILITY NAME (If not institution					ER/Outpatient DOA			Residence		9d COUNTY OF DEATH			
DECEDENT	St. Mar	garet M	•			Hammo					Lake ~			
	10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (H who give meiden name) Stanley Chud		12e DECEDENT'S USUAL done during most of wa			varking life	TION (Give kind of wi Do not use i stired)		Residential			
	130 RESIDENCE STATE		13P COUNTA CURIO		Y Homemaker			-	134 STREET AND					
	Indiana		Lake		Hammond 15 WAS DECEDENT OF HISPANIC ORIGIN?			6720 Tap		Oper 17 DECEDENTS EDUCATION				
		□ Ne di	Yes	WHAT COUNTRY	ANO Yes (Hyes		(If yes specify Cubi	an B	lack White etc Specify)	(Specify only highes		est grade completed)		
	46320 NA FAR		4/-		Document i				White	Elementary/Secondary (0 12) College (1 4 or 5			* Or \$ * 1	
PARENTS	IB FATHERS NA			NIC	TO	n de la	TOI	TA	AE (First, Middle, Meid	en Surname)	Š	38	<u> </u>	
INFORMANT	204 INFORMANT		Print		20b A	MAILING ADDRI	ESS (Street and Nur	mber or Rur	erquist rel Route Number City	or Town State Zu	Code) 796	Relationspip	FIG. ≥	
		y Chudy	/ /	This Do					mond, IN	_		usbahd	五茶品	
	21s METHOD OF DISPOSITION Commons 21b DATE AND PLACE OF DISPOSITION (Name of Place) 21b DATE AND PLACE OF DISPOSITION (Name of Place) 21c DATE AND PLACE OF DISPOSITION (Name of Place) 21c DATE AND PLACE OF DISPOSITION (Name of Place) 21c DATE AND PLACE OF DISPOSITION (Name of Place)								cremetory or	SIE LOCATIO	MAGNO-N		공 ^성 공	
DISPOSITION	Domenon Domer(Spacety) St. Joseph Cemete							ery		Hammo		<u> </u>	司言語	
	David F. McCoy FD08700581								23 WAS DEATH REF	Ves CORC	NER?		る台類	
									ME ADDRESS AND			-	5 3	
1 1	FD08700581 Boo									ral Home v Ave. H				
,	26 PARTI			complications that ca		a not enter none	pecific terms such i					Approx		
CAUSE OF	NAMEDIATE CAUS		TOWART TRICKING	that only one cause or		en hive	e hea	ŧ	failure	TITE	•		and Death	
	disease or condition resulting in death)				OR AS A CONSE	DUENCE OF	03	U	Lu are	71.	LA	>		
DEATH	Conditions if any which gave DUE TO (OR AS A CONSEQUENCE OF)										U			
	rise to the immediate cause stating the uniderlying cause last			DUE TO (OR AS A CONSEQUENCE OF)						APR 7	2 1996			
	n anna an air de galanti (de aire ta	nieniko (harioteko (harioteko (ha rioteko (harioteko (d		E	WOLAND			Alio			······		
	PART II Other significant conditions. Conditions contributing to death but not previously stated in Part 1 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) (Yes or no) (Yes or no) (Yes or no)													
ω	POSTPARTUM? (Yes or no)													
7	290 CERTIFIER	80	ERTIFYING P	HYSICIAN To the b	est of my knowle	dge death occu	red at the time date	/	and due to the cause		1 Oly	Α		
,0	(Check pnly one)			CER On the basis of										
2	CORONER On the place of examination and/or investigation in my opinion death occurred at the time date and place and due to the cause(a) and manner as stated 29b SIGNATURE AND TITLE OF CERTIFIER 29c MEDICAL LICENSE NO 29d DATE SIGNED (Month, Day, Year)													
CERTIFIER	(18thap) 35493 July 20, 1993													
33	20 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) RABI BHAGWAT M.D. 9122 COLUMI 31 A AVE- MUNSTED IN. 4632/ 31 HEALTH OFFICER SIGNATURE 32 DATE FILED (MORID. Day, Year)													
HEALTH OFFICER 4	31 HEALTH OFFICERS SIGNATURE In Blue D. O remude M. D.											20.1		
H	33 MANNER OF	DEATH		34. DATE OF INJUR	IY 34b T	IME OF	34c INJURY AT V			OO YRULNI WOH				
\$	Natural	Pending		(Month, Day, Yea	r) 'r	INJURY (Yes or no)								
CORONER	Accident	Investigation	<u> </u>		RYAt home farm street factory office			341 LO	CATION (Street and	Number or Rural R	outs Number City	or Town. State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
USE ONLY	Suicide Could not be Determined			building etc (Specify)								1		
	34g DATE PRONC	DUNCED DEAD	Month Day.	Year) 34h MOTO	R VEHICLE ACC	IDENT? (Yes o	rno) If yes speci	fy driver, pe	essenger, pedestrian, e	rc ()	0055	(1	TOVE	
								٠		U	0000	/ L	'\\\	
	DH06-004	State Form 101	10 (R3 / 3-9	2) DEATHCER-PI	ום									