| SS# we need to po is voluntary and the | ATE: Disclosure of the ursue our responsibilities ere will be no penalty for | INDIANA ST | ATE DEPA | RTMENT OF | HEALTH | | |
|---|---|---|---|--|---|---|--|
| Local No | 7/63-00 | | CERTIFICAT | AND MANY IN CASE ! | arrane recent cars of | 0 | |
| 384638 | THE RECORDS IN THIS SE | RIES ARE CONFIDENTIAL PER | | 1 4 4 7 7 11 | ELCONTY SIME IN | U | |
| TYPE/PRINT | 1 DECEASED-NAME (First Middle | | | 2 SEX | 3a TIME OF DEATH | 36 DATE OF DEATH (Minnt) Day Yr) | |
| IN | Martha D. Bruette | - วกก ก-กกร | 122 | 200 Eemale | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | January 18, 2000 | |
| PERMANENT | 4 SOCIAL SECURITY NUMBER 393-24-8616 | 2 U ONE LA: (0 00) J | 50 UNDERLI YEAR Months Days | Marian Marian | | BIRTHPLACE (City and State or Foreign Country) Chicago, IL | |
| BLACK INK | Ba WAS DECEDENT A US VETERAN? | 8b. YEAR LAST SERVED IN US ARMED FORCES | | | CE DE THAT OF OF POTO ON SO | | |
| ļ | No | N/A | | npatient R | Residence | Other (Specify) | |
| DECEDENT | 96 FACILITY NAME (If not institution, give street and number) | | | | VN OR LOCATION OF DEATH | 9d COUNTY OF DEATH | |
| DECEDENT | Community Hospital | | | Munster 12a DECEDENT'S USUAL OCCUPATION (Give kind of work | | Lake | |
| | 10 MARITAL STATUS (Specify) | 11 SURVIVING SPOUSE (If wife, give maiden name |) | done during most of v | OCCUPATION (Give kind of work vorking life. Do not use retired) | 12b KIND OF BUSINESS INDUSTRY | |
| | Married | George Bruette | 13c CITY TOWN OR | Homemaker | 13d STREET AND NUMBI | Own Home | |
| | IN | Lake | Cedar Lake | | 14312 Rocklin | St. | |
| 1 | 13e ZIP CODE 13f INSIDE (| | | DENT OF HISPANIC ORIGIN? 16 RACE - American Indian 17 Yes (If yes specify Cuban Black White, etc.) | | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) | |
| | 46303 139 ON A F | LICA | Mexican, Puerto F | | | lementary/Secondary (0-12) College (1-4 or 5+) | |
| | <u> </u> | ☐ Yes | NO. | OPP | White | 08 | |
| PARENTS | 18 FATHER'S NAME (First, Middle, Last) 19 MOTHER'S NAME (First, Middle, Maiden Surname) MGILLIAN NAME (First, Middle, Maiden Surname) | | | | | | |
| | William Mack Unavailable 204 INFORMANT'S NAME (Type-Print) 204 MAILING ADDRESS (Street and Number of Rural Route Number, City on Town, State, Zip Code) 205 Relabonship. | | | | | | |
| INFORMANT | George Bruette | | 14312 R | ocklin. Cedar Lake, | IN 46303 | Husband | |
| | 216 METHOD OF DISPOSITION | N Entombment | 21b DATE AND PLAN | DE OF DISPOSITION (thame of o | emetery crematory or21.c | LOCATION - City or Town State | |
| | ☐ Bunat ☐ Cremation ☐ Other (Sp. | | Jan 20, 2000 Memory Lane | | 9 | chererville, IN | |
| DICHODITION | 22a EMBALMER'S NAME | | 22b EMBALMER | S LICENSE NO | 23 WAS DEATH REPORTED 1 | | |
| DISPOSITION | Fred T. Oparka | | FD0101607 | | □ No □ Yes | | |
| | 246 SIGNATURE OF SUNERAL | DIRECTOR | 246 | LICENSE NUMBER | 25 NAME ADDRESS AND LICENSE FH83000825 | NUMBER OF FUNERAL HOME | |
| | 1 200 |) manka | | | Eller Brady Funeral Ho | | |
| | FD01016076 8510 Lake Shore Dr. Cedar Lake. IN 46303-9279 26 PART I Enter the diseases injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory. Approximate | | | | | | |
| | 1 | hock or heart failure List only one car | use on each line | | | interval Between | |
| | IMMEDIATE CAUSE (Final | Stat | Tus Ep | ilepticu | | Onset and Death | |
| | disease or condition | DUE | TO (OR AS A CONSEQUE | NCE OF) | | | |
| CAUSE OF DEATH | tresulting in death Conditions if any which gave | bDUE | TO (OR AS A CONSEQUE | NCE OF) | LAH | 21,2000 | |
| | nce to the immediate cause | c | TO (OR AS A CONSEQUE | ENCE OF) | UAW | | |
| | stating the underlying cause last | ą d | The factories to design the design of | | i di | | |
| Ì | . PART I' Other significant condu | itions - Conditions contributing to deat | h but not previously stated | m Part I 27 WAS DEC | EDENT PETER | BENJAMIPI KOMPY / PROMOTOPSY FINDINGS | |
| | | | | PREGNAM POSTPAR | | | |
| | 0 - (| cysts | | (Yes or n | No. | OF DEATH? (Yes or no) | |
| | | | | Z JADIAN | | | |
| | 25a CERTIFIER (Check only one) I 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 in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated | | | | | | |
| | 29. SIGNATURE AND TITLE O | OF CERTIFIER | 2.7 | m, D. | 29¢ MEDICAL LICENSE NO | 29d DATE 9IGNED (Month Day Year) | |
| CERTIFIER | | <i>σ</i> · 1 | | | 3077 | 0 //20/00 | |
| | Jay C L Paik MD. 200 Monticello. Dyer, IN 46311 | | | | | | |
| | 31 HEALTH OFFICER'S SIGNATURE AS DATE FILED IMPORT DAY YEAR | | | | | | |
| HEALTH OFFICER | Welandy & Tilliane 2 M.D. WIRTHELAKE COUNTY and 20, 2000 | | | | | | |
| | 33 MANNER OF DEATH | 34a DATE OF INJU (Month Day Ye | | / (Yes or Do) | i | NJURY OCCURRED | |
| _ | IX Natural □ Per | | , | ال ما ا | JAN 2 0 2000 | | |
| | No Natural Pending Investigation No No No No No No No | | | | | | |
| | | building, etc. (\$ | | A form | 1. S. M. 1 2007 | or remaining on the county of | |
| | ☐ Homicide | | **** | UNA POSTE | THEADH COMMISSIONED | 0000 | |
| | 34g DATE PRONOUNCED DE | EAD (Month, Day Year) 34h M | | T ² (Yes or no) If yes specify din | ver, passenger, pedestnan etc | County (| |
| | | | No | | | con | |
| | SDH06-004 State Form | m 10110-04 (R4 / 3-93) DEATHO | CER/PD 1 | | | / h | |

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