Key # 46-197-36 State No. ....

NENT	4. *SOCIAL SECURITY NUMBE	A	5a AGE-Last Birthday (Years)	SE UNDER I YEAR			F BIRTH (Mo Day Y	" ] " "	RTHPLACE (City and Sta	ete or Foreign Country
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	96 FACILITY NAME (If not inst	itupon give s	treet and number)	I OF EN/C	Outpatient DOA 9c CI	ITY, TOWN OR I	LOCATION OF DEA		9d COUNTY OF DEATH	
NT	Methodist		pital	Gary Lake  12e DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)  12b KIND OF BUSINESS/INDUSTRY						
93	10 MARITAL STATUS (Specify) Widowed	N/	RVIVING SPOUSE ife give maiden name) 2			mploye		5 15 1 5	The Control of the Co	- Editoria
కు	134 RESIDENCE-STATE			13c CITY TOWN OR LOCATION		пртоуе	loyed Liquor Store			***************************************
• •	Indiana	Lake		Gary			2451 Adams Street			bettern,
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	☐ Donation ☐ Other (Spe	edy)			en Memor		ark	Ho	bart, Ind	iana
ION	220 EMBALMERS NAME			226 EMBALMERS	LICENSE NO	2	3 WAS DEATH RE	PORTED TO	CORONER?	
(2)	Samuel Smi	th,J	r.	01019	692		<b>№</b> No [	] Yes		C.)
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