						•
being requested b	TATE: The Social Security of this state agency in order or responsibility. Disclosure will be no penalty for refusi	INDIANA S		RTMENT OF I		
Local No.  CERTIFICATE OF DEATH State No.  #3.8.1.2.7.3 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3						
1301273						
TYPE/PRINT IN		1810 thu U11	<u> </u>	MALE 11:00 P <sub>M</sub> JANUARY 12, 2000		
PERMANENT	4. *social security number 316–18–6723	5a AGE—Lest Birthday (Years) 77	Months Days			BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, INDIANA
BLACK INK	8s. WAS DECEDENT	8b YEAR LAST SERVED IN US ARMED FORCES?		9a PLACI	E OF DEATH (Check only one S	ee instructions)
	A U.S. VETERAN? YES	1946	HOSPITAL KNinpatier	patient DOA	THER AND Nursing Hope C	Other (Specify)
DECEDENT R	9b FACILITY NAME (# not instituti		L EH/OU	9c. CITY, TOWN.	OR LOCATION OF DEATH	9d COUNTY OF DEATH
DECEDENT	ST. CATHERINE		1.	EAST CH		LAKE  12b. KIND OF BUSINESS/INDUSTRY
9	10. MARITAL STATUS (Specify) NEVER MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) NONE	'	DECEDENT'S USUAL OCCU done during most of working in OWNER/MANAGE	ire Do not use retired)	LIQUOR STORE
Ţ	138 RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN, OR LO	CATION	13d STREET AND NUMB	ER
0 6	INDIANA	LAKE	EAST CHICAGO  15 WAŞ DECEDENT OF HISPANIC ORIGIN?  16 RA		3802 EUCLID AVENUE  ACE—American Indian 17. DECEDENT'S EDUCATION	
8	130 ZIP CODE 131 INSIDE CITY		No ☐ Yes	(If yes, specify Cuben.	Black, White, etc.	(Specify only highest grade completed)
Ž	13g ON A FARM	1		ocume	WHITE 15	ementary/Second=ry (0-12)   College (1-4 or 5 + )
PARENTS	18. FATHER'S NAME (First Middle.		NOT	19 MOTHERS N	IAME (First, Middle, Maiden Surn	sma)
INFORMANT &	20a. INFORMANT S NAME (Type/Print)  JULIA EMRICK  20b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town State. Zip Code)  9212 CHESTNUT LANE, MUNSTER, IN 46321 SISTER					
امح	21. METHOD OF DISPOSITION	☐ Entombment	216 DATE AND PLACE C	F DISPOSITION (Name of cemet	ery, cremetory, or 21c	LOCATION—City or Town, State
	Buriel Cremation  Donation Other (Specify	Removal from State		UARY 15, 2000 URRECTION CEM	1	MMOND, INDIANA
DISPOSITION	22. EMBALMERS NAME. LARRY D. ANTHO	ONY	0100144		23 WAS DEATH REPORTED  WNo U Yes	TO CORONER?
90-	240 SIGNATURE OF FUNERAL DIR	ECTOR	(of	Licensee) A	NTHONY & DZIA	NUMBER OF FUNERAL HOME  DOWICZ F.H. #83002916  VE. MUNSERO. IN 46321
8	26 PART 1 Enter the diseases, injuries, or comprisations that caused the death Do not enter nonspecific terms, such as cardiac or respiratory  Approximate					
+ 1	arrest, shock, or heart failure. List only one cause on each line.					
~\ /:~11	IMMEDIATE CAUSE (Final disease or condition — DUE TO (OR ASA CONSEQUENCE OF)					
DEATH	resulting in death)	/ MR	ele Vesse	CAD.	11.	S U , MAA
	Conditions, if any, which gave rise to the immediate cause, stating the underlying	Resily	A AS A CONSEQUENCE C	aidura deu	do	PENJAMIN
	cause last	d RALLINA	A AS A CONSTOURNCE O	abelia of	PE	COUNTY AUDITOR
	PART II Other significant conditions -	Conditions contributing to death but	nt not previously stated in Pa	27. WAS DECEDENT PREGNANT OR POSTPARTUM?	28e WAS AN AUT PERFORMED? (Yes or no)	TER BENJAMIN COUNTY AUDITOR  OPSY  286 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
				(Yes or no) NO	NO	OF DEATH? (Yes or no) NO
-	29s CERTIFIER XX CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, data and place and due to the cause(s) as stated					
	(Check only one)  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					
<u> </u>	CO  SIGNATURE AND TITLE OF CE	RONER On the basis of examinet	on and/or investigation in r	ry opinion death occurred at the ti	me date and place and due to the	29d DATE SIGNED (Month Day, Year)
CERTIFIER		NI GU	all		IN 14608	JANUARY 13, 2000
[3	DAMON D. TTO		•••	AST CHICAGO,	INDIANA 4631	2
JEAL TH. 3	RAMON P. LLOI		o fik bi, E	ASI UNICAGU,	THUINNA 4031	J32 DATE FILED (Month. Day, Year)
HEALTH OFFICER	1 1 / 11	othy Ka	wkouin			Canuary 13,2000
3	MANNER OF DEATH	348 DATE OF INJURY (Month. Day, Year)	346 TIME OF	34c INJURY AT WORK? (Yes or no)	344 DESCRIBE HOW INJ	URY OCCURRED

Could not be Determined

34g DATE PRONOUNCED DEAD (Month. Day Year)

34n PLACE OF INJURY—At home, farm, street, factory office building, atc (Specify)

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

Accident

Suicide

☐ Homicide

SDH06-004 State Form.10110 (R4/3-93) Deathcer/PD4 .... AUDITIONAL FORM FORM FORM ADMINISTRATION OF ADM

Rural Route Number, City or Town State)

9.00 2.

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