being requested b	y this state agency in order ry responsibility. Disclosure will be no penalty for refuse	is INDIANA S	TATE DEPAI					
Local No #381273		RIES ARE CONFIDENTIAL PE	ERTIFICATE	OF DEATH	State State	No		
	1 DECEASED-NAME (First, MI			2 SEX	34 TIME OF DEAT	H 3b DATE OF DEATH (Month	Day Y()	
TYPE/PRINT		BRIGO O	~ ~ ~	MALI			•	
IN PERMANENT	4. *SOCIAL SECURITY NUMBER	5a AGE—Lest Birthday	LE UNDER I YEAR		DATE OF BIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City and State		
BLACK INK	316-18-6723	(Years)	Months Days	Hours Minutes	JAN. 6, 192316	EAST CHICAGO,	ΤΝΠΤΔΝΔ	
DLACK INK	84 WAS DECEDENT	86 YEAR LAST SERVED IN			PLACE OF DEATH (Check only one		THOTAIN	
	A US VETERAN? US ARMED FORCES?		HOSPITAL KNinpetient			OTHER O Nursing Plops Other (Specify)		
_	YES	YES 1946		☐ ER/Outpatient ☐ DOA				
SESERELLE X	96 FACILITY NAME (If not institution	on, give street and number)		9c CITY, TO	OWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH		
DECEDENT	ST. CATHERINE	HOSPITAL	EAST (		CHICAGO	LAKE	LAKE	
	10. MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give meiden name)	12s. DECEDENT'S USUAL Of done during most of works		OCCUPATION (Give kind of work	126. KIND OF BUSINESS/INC	b. KIND OF BUSINESS/INDUSTRY	
	NEVER MARRIED NONE		OWNER/MANA		AGER	LIQUOR STORE	QUOR STORE	
ゴ	130 RESIDENCE-STATE	3a RESIDENCE-STATE 13b COUNTY 1		13c. CITY, TOWN OR LOCATION		ABER	***************************************	
ح ان	INDIANA	LAKE	EAST CHICAGO		3802 EUCI	LID AVENUE	D AVENUE	
n	13. ZIP CODE 131 INSIDE CITY	TIP CODE 131 INSIDE CITY LIMITS 14 CITIZEN OF 15 WAS DECEDENT OF			16 RACE—American Indian.	17. DECEDENT'S E		
8	□ No XÔ		No ☐ Yes  Mexican Puerto Rican	(If yes, specify Cuban	Black White etc.	(Specify only highest gr		
7	13g ON A FARM		And a control of the	ocum	ent 1s	Elementary/Secondary (0-12)	College (1-4 or 5 + )	
6	46312 X No D			LIO MOTH	WHITE SEE NAME (FOR ACCOUNT)			
PARENTS			NOT		ER'S NAME (First Middle, Meiden Si			
. 91	MICHAEL MISECKO  20e INFORMANT'S NAME (Type/Print)  20e MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  20c. Relationship							
INFORMANT &	JULIA EMRICK	TINO TO I			E. MUNSTER, IN		STER	
اع		☐ Entembrant	no Doca		the prope	A C V V A		
131	21s METHOD OF DISPOSITION							
[ ]	Donation Other (Specify		RESURRECTION CE		•			
	220 EMBALMER'S NAME		226 EMBALMER'S LIC		23 WAS DEATH REPORT		114.4	
DISPOSITION	LARRY D. ANTHO	YNC	0100144		X No U Yes	ED TO CONONEM?		
90-02	24a SIGNATURE OF FUNERAL DIR			ISE NUMBER	25 NAME ADDRESS, AND LICEN	ISE NUMBER OF FUNERAL HOM	E	
	Signature of Forenacion	9, 1		icensee)		ADOWICZ F.H.#		
	Lang J. Ch	them	0100	01447		AVE, MUNSCER,	IN 46321	
$\infty$		of the second						
. 11		s, injuries, or complications that cau		onspecific terms, such as o	cardiac or respiratory	1111	Approximate Interval Between	
* o	IMMEDIATE CAUSE (Final	1/ 1/1	Franke	. File	Walnut.		Onset and Death	
W)	disease or condition	- DUE TO (O	RASA CONSEQUENCE OF		or virtue result	15 U > 5000		
CAUSE OF CAUSE OF	esulting in death)	b Mukl	ele Vesse	CAD				
į (	Conditions, if any, which gave	DUETOCO	R AS A CONSEQUENCE OF	a i hours Bu	less to	MINAMIN		
]•	stating the underlying	c OUE TO (O	RAS A CONSEQUENCE OF	america an	RU INN	PETER BENJAMIN AULINIA PRE COUNTY AUDITOR		
19	cause lest	a Kunda	a Busi	de to 5	Promingran	COUNTY AUD		
<u> </u>		- accure	n wearn	MATSWY &	THE TRUE LAND			
[ ]	PART II Other significant conditions -	Conditions contributing to destin ou	not previously stated in Par		DENT 288 WAS AN A	UTOPSY   286 WERE AUTO	PSY FINDINGS	
			POSTPARTUM (Yes or no)			(Yes or no) COMPLETION OF CAUSE OF DEATH? (Yes or no)		
				NO	NA UIII NO	NO	100 00 100	
12	9. CERTIFIER XX CER	ITIFYING PHYSICIAN To the be	at of my knowledge death oc	curred at the time date, an	od piece and due to the cause(a) as a	itated		
	(Chack 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							
	Unit	- TUT U U U U U U U U U U U U U U U U U			it the time date and place, and due to		٠ ،	
	96 SIGNATURE AND TITLE OF CEI		1.1		29c MEDICAL LICENSE NO			
CERTIFIER	19/19/MIN				IN 14608	3 JANUARY	13. 2000	
3	10 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)							
	RAMON P. LLOBET, M.D. 4320 FIR ST, EAST CHICAGO, INDIANA 46312							
<b>.</b>	HEALTH OFFICER'S SIGNATURE		1.0			32 DATE FILED (M	onth. Day. Year)_	
HEALTH OFFICER	1 1 7 7 7 1	other Ka	Maria	レノ		Marian	x 13,2000	
<b> </b>	3 MANNER OF DEATH	340 PAYE OF INJURY	34b TIME OF	34c INJURY AT WOR	K7 34d DESCRIBE HOW I	NJURY OCCURRED	0	
ľ	. <del> </del>	(Month. Day, Year)	YRULNI	(Yes or no)		00	67 <b>7</b>   L	
	☐ Natural ☐ Pending							
	Accident Investigation	34s PLACE OF INTERS	/At home, farm street, fact	ory office	34F LOCATION (Street and Number	or Rural Route Number City or To	own, State)	
144	Suicide Could not be	building, etc. (Special			and the second s	•		
	☐ Homicide				4.0° 5			
34	O DATE PRONOUNCED DEAD (M	onth. Day. Year) 34h MOTOR	VEHICLE ACCIDENT? (Yes	or no) If yes specify dr	iver, passenger, pedestrian, etc.		71	
							1,	
L				4				
	DH06-004 State Form.1	U110 (H4/3-93) Death	cer/PD-1	وأطر وغائل فالدائلة المائلة	ar form in following the	: Dentired PD 1	6.040 . "	

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