ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

## INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COLY OF DEATH OF THE WITH THE HAMMOND HEALTH DEPARTMENT!

Oct. \$ 1999

ordinary and protest minds no partially for release.	
ocal No. 80 L	CERTIFICA
and No. N. J. C.	CERTICION
ocal No	<b>4 - 4</b>

Local No	804	C	ERTIFICAT	E OF DEATH	S Dain Iss	reil - Hammond Health Commissioner	
	THE RECORDS IN THIS SE	RIES ARE CONFIDENTIAL PF	RIC 16 1-19-3				
TYPE/PRINT	I DECEASED-HAME (First M	iddle Lest)	· · · · · · · · · · · · · · · ·	2 SEX	30 TIME OF DEATH	3b DATE OF DEATH (Month Chy Vr)	
IN	Jean Toney			Fe	2:46 p <sub>M</sub>	Sept. 27, 1999	
PERMANENT	4 *SOCIAL SECURITY NUMBER	5a AGE - Last Birthday (Years)	56 UNDER I YEAR	Sc UNDER I DAY 6 DATE	· ·	BIRTHPLACE (City and State or Foreign Country)	
BLACK INK	306-28-0870	73"	Months Days	Hours Minutes Nov	.25,1925	Canalou, Missouri	
	Be WAS DECEDENT	BE YEAR LAST SERVED IN			OF DEATH (Check only one Se	e instructions)	
	A US VETERAN?	US ARMED FORCES?	HOSPITAL DIADET	·• <u>0</u> :	THER Nursing Home	Other (Specify)	
		<u> </u>	[] ER/O	Apatient D DOA	Residence	<b>-</b>	
DECEDENT	96 FACILITY NAME (If not institution give street and number)  9c CITY TOWN OR LOCATION OF DEATH  9d COUNTY OF DEATH						
DECEDENT	Select Specia	ilty Hospital	Hammond Lake				
	10 MARITAL STATUS	11 SURVIVING SPOUSE (If wife give marder name)		120 DECEDENT'S USUAL OCCU	PATION (Give kind of work	126 KIND PLOUSINESS/INDUSTRY	
	Married	MARITAL STATUS (Specify) Married  11 SURVIVING SPOUSE (White give maiden name) Max Leonard Toney  12 DECEDENTS USUAL OCCUPATION (Give hand of work done during most of working Me Do not use retired) At Home				At Home	
	130 RESIDENCE-STATE	136 COUNTY	13c CITY TOWN ORL	OCATION	13d STREET AND NUMBE	Я	
	Indiana	Lake	Crown F	oint	3911 W. 1	07th Cane	
	13e ZIP CODE 13/ INSIDE CIT	TY LIMITS   14 CITIZEN OF			RACE American Indian	17 DECEDENT'S EDUCATION	
	□ No 1		No. ID-V	es . (If yes specky Guban	Black White etc	(Specify by)y highest grade completed)	
	46307 139 ON A FAE	IM?	Mexican Puerto R	can elc)	(Specify)	ementary/Secondary (0 12) College (1 4 or 5 + )	
	25) to [	J Yes U.S.A.			hite	12 cc	
PARENTS	18 FATHERS NAME (First Middle	tart)		19 MOTHER'S N	IAME (First Middle Meiden Surn	toma (toma	
	William Arbuckle This Document is Mae Muffett wo of w						
INFORMANT	206 INFORMANT'S NAME (Type, Print) 206 MAILIFIG ADDRESS (Street and Number or Rural Route Number of Rural Route Number City or Town State 2 to CRISTS 200. Relationship						
	Max Leonard	Toney the	e Lake C	ounty Re	Crown Point,	IN 46307 Husband	
	218 METHOD OF DISPOSITION	☐ Entombrent	216 DATE TO PLACE	OF DISPOSITION (Name of come	tery cremetory or 21c	LOCATION Chy or Town Sime	
71	Buriel Cremetion	Removel from State	other place)	October 1,		Schererville	
	Donation Dother (Spec	dy)	Chapel La	wn Memorial Ga	irdens	Indiana	
DISPOSITION	22e EMBALMERS NAME		CHO EMBALMERS	LICENSE NO	23 WAS DEATH REPORTED	TO CORONER?	
DIGI CONTION	Gordon L. Joi	ne <mark>s</mark>	101071	. 1	X X No U YFE		
	MONATURE OF FUNERAL D	DIRECTOR	1 24h !	CENSE NUMBER 25	NAME ADDRESS AND LICENS	E NUMBER OF ELIMERAL HOLE	
	7	7 /		of Licenseel Bul	rn <mark>s Fu</mark> neral H	ome, 10101 Browieway	
1	Janes	+ XIII	11/	1009461 Cro	own Point, 📶	46327 H83007445	
		1 / 0000					
	1 / /	isse injuries or complications that correct failure. List enly one cause to		er nonspecific terms such as cardi	oc or respiratory	Approximate	
	arrance and co	or road failure that a ring one taute	on each and	<b>A</b> .		Office and Death	
	IMMEDIATE CAUSE (Final . final lusy/ficely y						
CAUSE OF	disease or condition (esulting in death)  Conditions of any which page  Out to (or as a consequence of)  Out to (or as a consequence of)  Out to (or as a consequence of)						
DEATH							
	Conditions if any which gave rise to the immediate cause			andi ime	u gunPETE	MAYAUDITOR	
	etating the underlying cause last	DUE TO	OR AS A CONSEQUENC		LAKE CC		
		d	E				
	PART II Other aigndicant condition	os. Condeigos contributino lo dest	had not our aurously stated	e Pag 1			
	PART II Other significant conditions. Conditions conditions to death but not previously stated in Part 1 27 WAS DECEDENT 286 WAS AN AUTOPSY FAVORINGS.  PRECEDENT 286 WAS AN AUTOPSY PROPRIED?  AVAILABLE PRIOR TO						
	Lapustay	bresufo ( der	7	POSTPARTUM (Yes or no)	(Yes or no)	COMPLETION OF CAUSE OF DEATH? (Yes or no)	
	, 0	′ (	y —	(100 01 110)	No	No No N/	
	20a CERTIFIED	29s CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) as stated (Check-poly)					
	(Check-only						
	(Check-only ane)	HEALTH OFFICER On the base of		tigation in my opinion death occurr	ed at the time date and place and		
	(Check-only one)	HEALTH OFFICER On the basis of			ed at the time date and place and e time date and place and due to	the cause(s) and manner as stated	
CERTIFIER	(Check-only ane)	HEALTH OFFICER On the base of		tigation in my opinion death occurr	ed at the time date and place and time date and place and due to 29c. MEDICAL LICENSE NO.	the cause(s) and manner as stated	
CERTIFIER	(Check-only one)	HEALTH OFFICER On the basis of		tigation in my opinion death occurr	ed at the time date and place and e time date and place and due to	the cause(s) and manner as stated  29d DATE SIGNED (Avier)	
CERTIFIER	(Check-only one)	HEALTH OFFICER On the basis of	ination and/or investigation	l gation in my opinion death occurr in my opinion death occurred at th	ed at the time date and place and time date and place and due to 29c. MEDICAL LICENSE NO.	the cause(s) and manner as stated	
CERTIFIER	29b SIGNATURE AND TITLE OF	HEALTH OFFICER On the base of configurer On the base of configurer of the base of configurer of the base of the ba	E OF DEATH (ITEM 26) (7	i gation in my opinion death occurred at the my opinion death occurred at the property of the	ed at the time date and place and et me date and place and due to 29c MEDICAL LICENSE NO	29d DATE SIGNED (Avivo Day Year)	
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CERTIFIER HEALTH OFFICER	29b SIGNATURE AND TITLE OF	HEALTH OFFICER On the base of exposers of the complete Cause of the ca	E OF DEATH (ITEM 26) (7	i gation in my opinion death occurred at the my opinion death occurred at the property of the	ed at the time date and place and et me date and place and due to 29c MEDICAL LICENSE NO	29d DATE SIGNED (Avin Day Year)  OCTOBAT  66322	
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HEALTH	29b SIGNATURE AND TITLE OF  30 MANE AND ADDRESS OF PI  RC  31 HEALTH OFFICERS SIGNAT	MEALTH OFFICER On the base of construction of the base	E OF DEATH (ITEM 26) (1) M.D., 3641	getion in my opinion deeth occurred at the initial pre-Frint Ridge Road, 1	ed at the time date and place and etime date and place and due to provide the provided to the transfer of the provided to the transfer of the provided to the transfer of the provided to the	29d DATE SIGNED LAW to Day Your)  OCTOBER  16322  J2 DATE FILED (AMONTH Pay Your)  OCTOBER   979	
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HEALTH	29b SIGNATURE AND TITLE OF  30 MANNE AND ADDRESS OF PI  RC  31 HEALTH OFFICERS SIGNAT  33 MANNER OF DEATH    Natural   Pending Investigation   Accident   Suicide   Could not	HEALTH OFFICER On the base of cases of	E OF DEATH (ITEM 26) (I M.D., 3641	rigetion in my opinion death occurred at the in my opinion death occurred at the interest of t	ed at the time date and place and etime date and place and due to 29c MFDICAL LICENSE NO / 8 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	29d DATE SIGNED LAW to Day Your)  OCTOBER  16322  J2 DATE FILED (AMONTH Pay Your)  OCTOBER   979	
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HEALTH	29b SIGNATURE AND TITLE OF ROOMS AND PROPERTY OF PROPE	HEALTH OFFICER On the base of cases of	E OF DEATH (ITEM 26) (1 M.D., 3641  M.D., 3641  And Time Of INJURY  TURY—At home farm streepedy)	responsible to the second of t	ed at the time date and place and etime date and place and due to 29c MFDICAL LICENSE NO 18 S S S S S S S S S S S S S S S S S S	29d DATE SIGNED (Average Part)  29d DATE SIGNED (Average Part)  29d DATE FILED (Month Part Part)  26322  32 DATE FILED (Month Part Part)  October 8, 1929  NJURY OCCURRED	
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