INDIANA STATE DEPARTMENT OF HEALTH

	1 DECEASED		2. SEX MALE	34. TIME OF I		EATH (Month Day, Yr)
4 SOCIAL SECURITY NUMBER		56 UNDER 1 YEAR	1	1:45 DATE OF BIRTH (Mo. Day, Yo		T 17, 1993 By and State or Foreign Co.
570-68-6969	(*49)	Months Days	Marie Ministra	AY 7,1945		JRGH.PENN
Se. WAS DECEDENT A U.S VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a Pi	LACE OF DEATH (Check on		/ACH / 1 LAN
YES	1968	HOSPITAL (Inpetter		OTHER Nursing Ho	ome 🔲 Other (Specify)	
9b FACILITY NAME (If not insets	pon, give street and number)	ER/Out	patient DOA 9c. CITY, TOV	Residence	TH Se COUNTY O	OF DEATH
	EDICAL CENTER		CROW	N POINT	LAKE	
10. MARITAL STATUS	II. SURVIVING SPOUSE	Ĩ	20 DECEDENT'S USUAL O	CCUPATION (Give kind of viking life Do not use retired)		SINESS/INDUSTRY
(Specify) MARRIED	GAYLE NEIDETC	HER	CONSULTANT	king ine Do not use rearea?	SELF EMP	LOYED
13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LO	CATION	13d. STREET AND	NUMBER	
INDIANA	LAKE	CROWN POIN	T	11426	DELAWARE ST	REET
13e. ZIP CODE 13f. INSIDE CI	TY LIMITS 14 CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT OF	HISPANIC ORIGIN?	16. RACE—American Indias Black, White, etc.		EDENT'S EDUCATION by highest grade completed
46307 13g. ON A FAI	RM?	Memcart Puerto Pica		(Specify)	Elementary/Secondar	ry (0-12) College (1-4
	U.S.A.	NOT	OFF	WHITE	12	2
18. FATHER'S NAME (First Middle		NUI	19 MOTHE	RS NAME (First Middle, Maid	len Sumeme)	* * * * * * * * * * * * * * * * * * *
	S MacBRIDE	is Door		RIE OBERLIN	1	
20s. INFORMANTS NAME (Type		Q .		r or Rural Route Number, City		20c. Relationship
GAYLE MacBRI			DELAWARE ST	CROWN POIN		
Burst Discremenon	Removal from State		UGUST 19,199		CROWN PO	
Doneton Dother (Spec			ND. CREMATIC		INDIANA	
22a. EMBALMER'S NAME		22b. EMBALMER'S L	ICENSE NO.	23. WAS DEATH RE	PORTED TO CORONER?	
1	N/A	N/A	[4]	□ No □	Yes	C
249 SIGNATURE OF FUNERAL I	1 P Bur	1013	f Licensee)	25. NAME ADDRESS AND Burns Funera Crown Point,	LICENSE NUMBER OF FUI 1 Home, 1010	NERAL POINE 1. SEDadway 0H89002445
240 SIGNATURE OF FUNERAL I	1 Bus	1013 sused the deeth Do not enter	890 nonspecific terms, such as c	25. NAME ADDRESS AND Burns Funera Crown Point,	LICENSE NUMBER OF FUI 1 Home, 1010	NERAL HOME 1. SEDA dway 1. H89902445 Approximation interval Beach Consert and
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