5ce - 2000-062311

#44-184-6

* 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 or refusal.

INDIANA STATE DEPARTMENT OF HEALTH

1. DECEASED-NAME (F	irst, Middle, Last)		2. SEX	Ja. TIME OF D	EATH 36. DATE OF DEA	TH (Month, Day, Yr.)
Evelyn Laverne L	arkin		Fema	le 4:45 A	м ¹ July 03, 20	000
4. *SOCIAL SECURITY NUM	BER 5a. AGE-Last Birthday (Years)		C UNDER 1 DAY 6. DATE	E OF BIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City)	and State or Foreign Cou
494-28-0161	69	1		mber 10, 1930	East St. Louis,	Illinois
8a WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		Se. PLACE	OF DEATH (Check only one	See instructions.)	
No	בוע	HOSPITAL X: Inpatie	nt Ipatient [**] DOA	OTHER: Nursing Hom	Other (Specify)	
	nstitution, give street and number)			Residence	ITH , Bd. COUNTY OF	DEATH
Gary Methodist No	orthlake		Gary	•	Lake	
10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)		126 DECEDENT'S USUAL C	CCUPATION (Give kind of wo		ESS/INDUSTRY
Widowed	None		Cosmetologist	ung Me. Do not use retired)	Beauty/Cosm	etology
13a. RESIDENCE-STATE	136 COUNTY	136. CITY, TOWN, OR LO	CATION	13d. STREET AND		
Indiana	Lake	Gary	umanu	1351 McKinle	y Street	
13e. ZIP CODE 13f. INSIDE			OF HISPANIC ORIGINT	16. RACE-American Indian Black, White, etc.		EDENT'S EDUCATION by highest grade complete
13g. ON A F		Mexican, Puerte R	ican, etc.) FI	(Specify)		
46404 X1 No	1.16	is Dooume	nt is the n	Black	Elementary/Second	lary (0-12) College (
18. FATHER'S NAME (First, M	fiddle, Last)	S. MUCHINE		R'S NAME (First, Middle, Maid	en Sumeme)	
Henry Jones		the Lake (ount Cleo Ta	gorder!		
20s. INFORMANTS NAME(T)	ype/Print)	20b. MAILING A	DORESS (Street and Number of		Town, State, Zip Code)	20c. Relationship
Paul H. Martin		15834 Ma	nsfie <mark>ld Stre</mark> et Detroi	t, Michigan 48227		Son
21s. METHOD OF DISPOSITI			OF DISPOSITION (Name of cor	netery, gremetary, or	21c. LOCATION—City or To	own, State
Burlet Cremetion			ly 09, 2000	D. 600 /	Ct I amia Miner	. :
Donation Other (5,	pecify)		cks National Cemete		St. Louis, Missou	ırı
22a. EMBALMER'S NAME		22b. EMBALMER'S		23. WAS DEATH REPO	RTED TO CORONER?	
Sherman Banks III		FDO 10162		No The	2	
248. SIGNATURE OF FUHER	AL DIRECTOR		NSE NUMBER 25	. NAME, ADDRESS, AND IC	E S NUM ES C NINERAL	. HOME
11	1 1		S		mer Funeral Home,	FH19600034
Thern	nan he	<u> </u>		209 Grant St. Garx		
	diseases, injuries, or complications t		r nonspecific terms, such as care	lisc or respiratory	20 2000	Approximatinterval Bet
	ock, or heart failure. List only one ca	SUBS OIL SUCTI MIS.				
IMMEDIATE CAUSE (Final	ock, or heart failure. List only one ca			Oc. PERROD	0-100 h	Onset and
smest, sh		DE COR AS A CONSEC	JENCE OF THE	LAKE COL	BENDAIVIIN	
IMMEDIATE CAUSE (Final disease or condition	a. b.	DE TOTOR AS A CONSECU	JENCE OF THE STATE	LAKE GOU	BENSAIVIIN VIXABDITON	
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Official Stamp

STATE OF INDIANA LAKE COUNTY FILED FOR A TID

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This is where you want the recorded document sent back to when it has completed the recording process.

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Signature Written	Solomon Day nor
Date of Signature	08/28/05
Check Number	
Check Amount	CASh 9.00

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Total	
. Initials	A.C.