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

## INDIANA STATE DEPARTMENT OF HEALTH

Key# 39.365.3

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ocal No. ?\		RIES ARE CONFIDENTIAL PE	R IC 16-37-1-10						
YPE/PRINT	i DECEASED—NAME (First Mid Lavern	Idio Cost)	Hix	on Mal		30 TIME OF DEATH		ember 11,	
ERMANENT	4. *SOCIAL SECURITY NUMBER 315-38-8468	Se AGE—Lest Birthday (Years) 62	55 UNDER I YEAR Months Days	140.000 140.000		26, 1937	_	(Cay and State or Fore Indiana	ign Country)
BLACK INK	8a WAS DECEDENT A US VETERAN?	96 YEAR LAST SERVED IN US ARMED FORCES?			PLACE OF	DEATH (Check only one	See instruction		
	No	N/A	HOSPITAL Inpet	ont Outpatient DOA	OTHER	Nursing Home	0		
ECEDENT	96 FACILITY NAME (If not institute	on, give street and number)		9c CITY.		CATION OF DEATH	-	T - 1-	
	4020 Cleveland Gary (Calumet Twnshp. I lake  10 MARITAL STATUS 11 SURVIVING SPOUSE (If wife give median name) Married Joyce Fleming Machine Operator Steel Manufacturing  120 DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use restrict)  120 Manufacturing  120 Manufacturing  120 DECEDENT'S USUAL OCCUPATION (Give kind of working life Do not use restrict)  120 Manufacturing  120 Manufacturing								
	136 RESIDENCE-STATE	136 COUNTY	13c CITY, TOWN OR	<u> </u>		134 STREET AND NUM			<del></del>
	Indiana	Lake		unet Towns		4020 Cl		<del> </del>	<del></del>
	130 ZIP CODE 13F INSIDE CIT	Y LIMITS 14 CITIZEN OF WHAT COUNTRY	OZ No D	OF HISPANIC ORIGIN? Yes specify Cu	ben Bi	SE—American Indian ick White etc	(Speci	DECEDENT S EDUCAT fy only highest grade co	
	46408 130 ON A FAR	U.D.n.	Merican Puerto			White	Elementary/Seco		ge (1-4 or 5 + )
ARENTS	Fred Hixon	Lord	101	El	len B		5 8	FE ST	
FORMANT	Joyce J. Hixo		206 MAILIN 4020	Cleveland,	Gary,	Indianal 4	408 0	ode) The Nillione Wife	hip
اكز	218 METHOD OF DISPOSITION	□ Entombment □ □	1	E OF DISPOSITION (Nome		100 miles and 4.0	LOCATION-	City by Town State	
	Buriel ☐ Cremation     Donation ☐ Other (Specif	Removal from State		eptember 13 Park Cemet	•		) Mem-i	.∵ llvillë, :	Indiana
SPOSITION	224 EMBALMERS NAME		22b EMBALMER			WAS DEATH REPORT	46 16		
	Edgar C. Glein	n	FDO 10	16173		□ No K V		<u> </u>	
	24a SIGNATURE OF FUNERAL DI	RECTOR		ICENSE NUMBER (of Licensee)	Z5 NAM	e address and lice per Funera	NSE NUMBER OF	FrunEral HOME 9039 Kle	inman Rd.
	C. A. M	uzen	FD	0 1014511	Hig	hland, Ind	iano 46	322 FH 8	3007500
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