32-205-50

THIS CERTIFIES THE POLLOWING IS A TRUE A 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 COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT. Andria Colorado Local No. ...6.5.4..... CERTIFICATE OF DEATH STATE OF INDIANAPOR Issued Hemmond Health Commissions THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 PLANKE COLL WITHE OF DEATH TYPE/PRINT FEMERICA PI GIESPI August 15, 2000 Thelma Walker IN SO UNDER I YEAR *BOCIAL RECURITY NUMBER PERMANENT Deye November 13,1811 Free 313-20-8829 Freeport, IL **BLACK INK** 88 8. WAS DECEDENT A US VETERANT OTHER | Nursing Home | Other (Specify) WORTER D OPA CEDIS W CONTROL OF DEATH TredequOVR3 M COUNTY OF DEATH th. FACILITY NAME (If not institution area street and number) DECEDENT 7704 Beech Ave. Hammond Lake 11 SURVIVING SPOUSE (If wife give maiden no 12e DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) 126 KIND OF BUSINESS/INDUSTRY 10 MARITAL STATUS Own Home Widowed None Homemaker 130 RESIDENCE-STATE 134 STREET AND NUMBER 136 COUNTY 13e CITY TOWN OR LOCATION Indiana 7704 Beech Ave., Lake Hammond 13/ INSIDE CITY LIMITS 14 CITIZEN OF UNAT COU 18 RACE—American Indian, Black White, etc 18 WAS DECEDENT OF HISPANIC OFICINE IN 10 10 Veg (If yet specify Cube 17 DECEDENT & EDUCATION 13a ZIP CODE (Specify) Elementary/Secondary (0-12) College (1-4 or 8 +) White USA X No U Yee 18 FATHERS NAME (First Addds Land **PARENTS** Harvey N. Penticoffocument the pathelynt M. o Stallard 200 INFORMANTS NAME (TUR)/Prind 20b MAILING APORESS (Street and Number or Rural Route Number, City or Town, State Zip Code) INFORMANT 7704 Beech Ave., Hammond, IN 46324 Daughter Judy K. Myeré 21s METHOD OF DISPOSITION . Enter TID DATE AND PLACE OF DISPOSITION (Name of co August 18, 2000 ☐ Donetion Elmwood Cemetery Hammond, IN 220 EMBALMERS NAME 226 EMBALMERS LICENSE NO 23 WAS DEATH REPORTED TO CORONER! DISPOSITION No. ☐ Yes 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 244 SIGNATURE OF FUNERAL DIRECTOR LICENSE NUMBER LaHayne Funeral Home, Inc., FH1940000 FD01000857 6955 Southeastern Ave., Hammond, IN46: 26 PARTI Interval Batwa 2 months b MEDIATE CAUSE IFM DUE TO ION AB A CONSEQUENCE OF)

OUE TO ION AB A CONSEQUENCE OF) disease or condi CAUSE OF stating the underlying cause lest DUE TO IOR AS A CONSEQUENCE OF THE OF AUTOPSY WERE AUTOPSY FINDINGS EGRUN AVAILABLE PRIOR TO Congestive heart COMPLETION OF CAUSE OF DEATH? (Yes or net tree or PNO NO XXCERTIFYING PHYSICIAN To the best of my him 29a CERTIFIER (Check only 206 SIGNATURE AND TITLE OF CENTIFIER 29e MEDICAL LICENSE NO CERTIFIER 0105127213 August 16, 2000 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Sona Kammula, MD, 5500 Hohman Ave., Hammond, IN 46320 31 HEALTH OFFICERS SIGNATURE DATE FILED (Month Day, Year) HEALTH OFFICER 33 MANNER OF DEATH 346 DATE OF INJURY 34c PUJURY AT WORK? 344 DESCRIBE HOW INJURY OCCURRED 34b TIME OF (Month Day Year) INJURY (Yes at no) ☐ Accedes 34n PLACE OF INJURY-Al home farm street factory office 34 LOCATION (Street and Number or Rural Route Number, City or Town, State) Sucide atc (Specely) 34g DATE PRONOUNCED DEAD (Month Day Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no). If yes specify driver passenger pedestrien.

SDH06-004 State Form 10110 (R5/1-99)