NTIONESTATE: The Social Security # is requested by this state agency in order to its statutory responsibility. Disclosure is and there will be no benalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

DECEASED-NAME (First Mi			2. SE		30 A	36 DATE OF DEA	
	ERT J. Va	INSESSEN	Ma INDER LOAV	LE 3			24, 2000
316-10-5198	~~2 &0	0 07021	† Pours Minutes	July 12SER	23 AN I	Hammond,	Indiana
WAS DECEDENT A US VETERAN?	86 YEAR LAST SERVED IN US ARMED FORCES?	HOSPITAL inpen					
Yes	1946	☐ EA/C	Outpetient DOA		MANUAL TO THE PARTY OF THE PART		
b FACILITY NAME (# not minute 5303 West 101s	•		1.	rown on Location wn Point	POP DEATH-1	Lake	FDEATH
O MARITAL STATUS	II SURVIVING SPOUSE		124 DECEDENT'S USUA	AL OCCUPATION (Gw	kind of work		BINESS/INDUSTRY
(Specify) Married	(# wife give meden name) Sarah J. Woo	druff	done during most of Electri	working life Do not use Clan	<u>_</u>		ntal Electric
34 RESIDENCE-STATE	13b COUNTY	Crown Pe			REET AND NUMBE	: 101st /	Avenue
Indiana	Lake		OF HISPANIC ORIGINS	16 RACE—Amo			EDENT S EDUCATION
<u>™</u> № (Yee WHAT COUNT		Yes (If yes specify Cu	Black. White.		(Specify only	y highest grade completed) y (0-12) College (1-4 or 5 +)
46307 13g ON A FAR	TT C A	NOT		White		11	Congression
8 FATHER'S NAME (First Middle		NUI	19 MO	THER'S NAME (First M	iddle. Meiden Surno	ame)	
Bert VanSesser	ı Th	is Docum	mentie	lizabeth	Winterh	off	
DE INFORMANTS NAME Type	Print)	206 MAILING	ADDRESS (Street and N	umber or Rural Route No	mber. City or Town	n State. Zip Code)	20c Relationship
Sarah VanSess			W 101st, Cr				Wife
18. METHOD OF DISPOSITION	☐ Entombrinent	21b DATE AND PLACE	July 29,		or 21c	LOCATION—City	or Town State
Buriel □ Cremetion □ Other (Specific Control	Removel from State		awn Memoria		5	Schererv	ille, Indiana
20 EMBALMERS NAME		226 EMBALMERS			EATH REPORTED	TO CORONER?	
Amy DeMunck		F129900		XXN	lo 🗆 Yes		
40 SIGNATURE OF FUNERAL D	RECTOR		ICENSE NUMBER			NUMBER OF FUN	
48 SIGNATURE OF FUNERAL D	RECTOR		ICENSE NUMBER (of Licensee) 009893	PRUZIN &	LITTLE F	UNERAL SE	
6 PART 1 Enter the disease arrest shock or	nec. injuries or complications that it heart failure. List only one cause	1 Dused the deeth Do not en	(of Licensee) 009893	PRUZIN & 811 E Fr	LITTLE F	UNERAL SE	RVICE #3001261
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