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

INDIANA STATE DEPARTMENT OF HEALTH

1743	THE RECORDS IN THIS S	ERIES ARE CONFIDENTIAL F	PER IC 16-1-19-3 M-	10Hanner-1	D FOR MERIDIA	AN TITLE COF	? ₽
E/PRINT	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 1 DECEASED—NAME (First Middle Last) JANE H. LAUGHEAD 4 *SOCIAL SECURITY NUMBER 50 AGE—Last Brithday 55 UNDER 1 YEAR			2 SEX 3a TIME OF DEATH 3b DATE OF DEATH (Monon Day Yr)			
IN MANENT				FEMALE 5:00a M June 29, 20 Sc UNDER 1 DAY 6 DATE OF BIRTH (Mo. Day. Yr) 7 BIRTHPLACE (City and State or I			2001
CK INK	160 20 17	(Years)	Months Days	Hours Minutes	et. 19, 1915	Smithfiel	- 1
	88. WAS DECEDENT A U.S VETERAN? N O	86 YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL Inpat		OTHER X Nursing Home	See instructions)	
				Outpatient DOA	Residence		
CEDENT	96 FACILITY NAME (# not institution, give street and number) Miller Merry Manor				96 CITY TOWN OR LOCATION OF DEATH HObart IN Lake >>		
	10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name)		12a DECEDENT'S USUAL (done during most of wor	OCCUPATION (Give kind of work king life Do not use retired) r Food Service	126 KIND OF BUSINESS/IN	
	134 RESIDENCE—STATE Indiana	Lake	13c CITY TOWN OR HObart	OCATION	13d STREET AND NUM Miller Me	erry ManerN	Н
	13e ZIP CODE 13f INSIDE CI	Yes WHAT COUNTR			16. RACE—American Indian. Black, White, etc. (Specify)	17 DECEDENT'S E (Specify only regnest gi	
NTS	18 FATHER'S NAME (First, Middle WALTER HI	e, Last)			WHITE 1 RS NAME (First Middle, Meiden Sur Sutton	1 Z	
MANT	200 INFORMANT'S NAME (Type, PAUL LAUGH		206 MAILING 413 R	ADDRESS (Street and Numb. uta Drive.	er or Rurel Route Number. City or To Apt 1326Hol	own State Zip Code) 20c Re	ilationship
	21e METHOD OF DISPOSITION Buriel Cremation Donation Other (Spec	Removal from State	21b. DATE AND PLACE other place) JU	of DISPOSITION (Name of 1 1 y 2, 2001 Park Cemet	cemetery, crematory, or 216	LOCATION—Chy octown serrily ille,	iai61
SPOSITION	220 EMBALMER'S NAME ANTHONY S.	RENDINA JR	22b EMBALMERS FD01010		23 WAS DEATH REPORTE	D TO COMPNER?	
	24e SIGNATURE OF FUNERAL O ANTHONY 26 PART I Enter the disease	Set Injuries, or complications that or the results of tailure List only one cause	FDO	1010402	25 NAME ADDRESS AND LICEN Rendina Fune 100 Clevelar ardiac of respiratory	era‼∄om e F	H8300781
USE OF ATH	HMMEDIATE CAUSEHS LERTIFIE disease or condition OMPLETE C resulting in ceeth) DEATH ON FIL HEALT L. DEPT	ESTHE ABOVE IS A TRUE ALOPY OF THE CERTIFICATION OF THE CERTIFICATION OF THE LAKE COUNTY	OR AS A CONSEQUENCE	OF)		ILED	Onset and Death
	Conditions (any, which gave rise to the immediate cause stating the underlying cause last)) OC DOE TO	(OR AS A CONSEQUENCE		3	AN 25 2002	
	PART II Other significant conditions	s . Conditions contributing to death			OR 90 DAYS PERSON (Yes or no)	AVAILABLE	PIP FINDINGS PRIOR TO N OF CAUSE (Yes or no)
	29a CERTIFIER (Check only one) DEPTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date and place and due to the cause(s) as stated CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date and place and due to the cause(s) as stated						
IER	296 SIGNATURE AND TITLE OF	1ah D	Cats		29c MEDICAL LICENSE NO		(Month, Day, Year)
_	NAME AND ADDRESS OF PER MARK C	FRTER M	OF DEATH (ITEM 26) (THE		CONSINST	HOBARTIL	46342
CER 3	IT HEALTH OFFICER'S SIGNATUR	HE	Suscer u	But!	Ø.O.	32 DATE FILED (A	fonth, Day, Year)
	MANNER OF DEATH Natural Pending Investigation Accident Could not be	34e DATE OF INJUI (Month. Day. Yes 34e PLACE OF INJUI	er) INJURY	34c INJURY AT WORK (Yes or no)	34d DESCRIBE HOW IN	AJURY OCCUPAED ABULIFORE Omber City or 1	own, State)
	Determined Homicide	building, etc. (Sp.	всиу)			·	Mit
	4g DATE PRONOUNCED DEAD (D. (5) 110) E. A.O.(D.E.) 140	Yes or no) If yes specify dri		· · · · · · · · · · · · · · · · · · ·	