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

INDIANA STATE DEPARTMENT OF HEALTH 46-552-38 CERTIFICATE OF DEATH

IN Jes ERMANENT BLACK INK 317-20 8a WAS DEC A US VE Y 9b FACILITY SOUTH 1 10 MARITAL (Specify) MATTIE 13a RESIDENC Indiana 13c ZIP CODE 46407 ARENTS CUTTIS 20a INFORMAN ESSIE M 21a METHOD OF Buriel Donation POSITION 22a EMBALMERS D. Lee (24a SIGNATURE of HIMMEDIATE CAUSE disease or condition resulting in death) HOMEDIATE CAUSE disease or condition resulting in death) FART II Other significate PART II Other significate 29a CERTIFIER (Check only one) 29b SIGNATURE AND	SSE MCNEA SSE MCNEA SECURITY NUMBER 0-8671 CEDENT TERANY (e.S. NAME (If not instruction ake Nurs STATUS d CE-STATE a 134 INSIDE CITY No X 139 ON A FARM X No X 139 ON A FARM X No X 139 ON A FARM TO NO X 139 ON A FARM X No X 130 ON	SERIES ARE CONFIDENTIAL Middle Last) al 202 (Years) 74 8b YEAR LAST SERVED IN US ARMED FORCES? 19/41 tion, give street and number) ing Home 11 SURVIVING SPOUSE (If wife, give maiden name) ESS 1e 13b COUNTY Lake Y LIMITS Y LAKE Y LIMITS Y LAKE Y LIMITS H CITIZEN OF WHAT COUNT AT Yes UISA Last) Entombment Removal from State	Sb UNDER I YEAR Months Day HOSPITAL XD Ing ER 13c CITY TOWN OR GATY TRY? 15 WAS DECEDENT X NO CO Mexican Puerto R 20b MAILING 26 14 E 21b DATE AND PLACE other place) RE NO Vember 22b EMBALMERS E FD 2000002	AR Sc UNDER 10 ys Hours Min Patient R/Outpatient DOA 9c (Me) 120 DECEDENTS I done during mo Steel RLOCATION OF HISPANIC ORIGIN Yes (If yes specify Ricari etc) 19 I HE: ADDRESS (Street and 22nd Pl OF DISPOSITION (Ma) RGIONAL Cr 26, 2001 ICENSE NO	2 SEX MATE P DAY 6 DATE OF BIR THER OTHER CITY TOWN OR LOCK TRILLVILLE USUAL OCCUPATION OST OF WORKING INTER WITH 16 RACE Black MOTHERS NAME (First Tha Gibbs Thumber or Rural Route Gary IN Imme of cemetery crement ematory	State 3a TIME OF DEAT 5:15 p. TH (Mo Day, Yr) 1927 1927 ATH (Checklony one Residence ATION OF DEATH Cluse retired) TREET AND NUM 4 E. 221 American Indian That etc S Number City or Tow 146407 Ory, or 21c	No	(Month Day Yr) 19, 2001 State or Foreign Could TH S/INDUSTRY 21 S EDUCATION (grade completed) College (1.4 or 5)
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1	TITLE OF CERTIFIER	R On the basis of examination	n and/or investigation, in my o	opinion, death occurred	at the time, date and pla	and place, and due to lice, and due to the cau	the cause(s) as stated	
30 NAME AND ADDRE					TOC WILDICAL	LICENSE NO	29d DATE SIGNED (A	Aonth Day Year)
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31 HEALTH OFFICERS	SIGNATURE	en st. Munste	er, IN 46321 g	922-3002		(14) (j	156	
33 MANNER OF DEATH		20	mon w) E	Six D).o.		32 PATE FILED (Month	Day Year)
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Accident Invi	Oding					_	- -	
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34g DATE PRONOUNCED	estigation	34e PLACE OF INJURY—A building etc (Specify)	and familistreet factory			or nural F	Coule Number City or Town	State) BD
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