Local No. 056/-92

SBH06-004 State Form 10110 (R2/3-89)

INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

State No.	
Q.C.C	

														
TYPE/PRIN	T 1. DEC	CEASED-NAME (First, N	2. SEX 3a. TIME OF DEATH			l								
IN		Gordon C. Funk 4 SOCIAL SECURITY NUMBER 5a. AGE—Last Birthday 5					Ma]		18:00 a		March 7,	1992 d State or Foreign Country)		
PERMANEN	11	CIAL SECURITY NUMBER		(Years)	5b. UNDER 1 YEAR Months Days	Sc. UNDER Hours	Minutes		TH (Mo. Day. Yr)		•	-		
BLACK INF		7 -09- 3274		82 200 2	0427	52_			2, 1909		edford, W	<u>lisconsin</u>		
		AS DECEDENT U.S. VETERAN?	8b. YEAR I	LAST SERVED IN THE RIMED FORCES?	HOSPITAL: Inpat	ient	9a.	OTHER:						
	No					Outpatient	DOA	OTHER	Nursing Home Ki Residence		Other (Specify)			
	<u> </u>	9b. FACILITY NAME (If not institution, give street and number)						9c. CITY, TOWN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH						
DECEDENT	81	8153 Howard Ave						Munster Lake						
	10. M	ARITAL STATUS	IVING SPOUSE				UAL OCCUPATION (Give kind of work of working life. Do not use retired)			12b. KIND OF BUSINESS/INDUSTRY				
		_{Specify)} rried		en Berfie	1d			nool Te			Edison	School School		
	13a. A	13a RESIDENCE—STATE		NTY	13c. CITY, TOWN, OR LOCATION			1:	13d. STREET AND NUMBI		MBER			
	Ind	diana	Lak	re l	Munster				8153 Hov	varo	d Ave			
	13e. Z	ZIP CODE 13f. INSIDE C	TY LIMITS	14. CITIZEN OF	15. WAS DECEDENT				—American Indian.			ENT'S EDUCATION		
		□ No]		WHAT COUNTRY	? XXNo □ Yes (If yes Mexican, Puerto Rican, etc.)		specify Cuba		Black, White, etc. (Specify)		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			
	16	13g. ON A FA 321 X No		U.S.A.				Whi	+0			4 Yrs		
		321 X) No		U.S.A.	<u> </u>		19. MOT		(First, Middle, Maiden	Surnar	me)			
PARENTS	TATH	William Funk Helen Wyncoff												
		NEORMANT'S NAME (Type	oe/Print)		20b. MAILIN	G ADDRESS (S			Route Number, City or	r Town,	, State, Zip Code)	20c. Relationship		
INFORMANT	X	len Funk		_	→ 8153 F	loward	Ave. N	Munste	r, Indian	าล	46321	Wife		
		METHOD OF DISPOSITION	N	nbment	21b. DATE AND PLAC						OCATION—City or			
		Burial Cremation	Remo	oval from State	other place)	March	11, 19	992						
DISPOSITION		Donation	ecify)		Į.	akland	•		es	D	olton, Il	llinois		
	22a. E	EMBALMER'S NAME:			22b. EMBALMER				WAS DEATH REPO	RTED				
	Ja	mes Porras		/ 1	10	45964	4:0		K) No D	/es				
	248.	SIGNATURE OF FUNEBAL	DIRECTOR	1	24b.	LICENSE NUMI	BER 15	25 N PME	ADDRES AND HE	FYSE	NUMBER AS ENDER	14±30154968		
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. (26. P.				sused the death. Do not e		terms, such a	as cardiac or re	espiratory			Approximate		
	:	arrest, shock	or baset failu											
			C Of Theat Claire	re. List only one cause o	in each line. CILC 1	is the	prop	erty	Titto and			Interval Between Onset and Death		
+	- IMME	DIATE CAUSE (Final	a a	_the K	arkinso	nisk	ecor	der!	Trils offer					
	IMME		a a	_the K		nisk	ecor	der!	OMPLE !	100	PY OF THE CO			
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