This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

SDH06-004

State Form 10110-06 (R4/3-93)Deathcer/PD 1

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

179026	THE RECORDS	S IN THIS SE	RIES ARE CONFIDENTIA	L PER IC 16-37-1-10				r(43)5:	<i>-</i>		
TYPE/PRINT	1. DECEASEDNAM					2. SEX	3a. TIME OF DEA	TH 3b. DATE OF	DEATH (Month, L	Day, Yr.)	
I TELJERUMI IN	Carolyn J. Woodall					Female	1:15p	м Мау 29,	2001		
PERMANENT	4. *SOCIAL SECURI	TY NUMBER	5a. AGELast Birthday	56 UNDER 1 YEAR	5c. UNDER 1 DAY		BIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City and State or	Foreign Country)	
BLACK INK	354-67-6600		(Years)	Months Days	Flours Minutes	August 1	9, 1955	Chicago , Ill	inois		
BLACK INK	8a. WAS DECEDENT		. YEAR LAST SERVED IN				ATH (Check only one. Se				
	A U.S. VETERAN?		U.S. ARMED FORCES?	HOSPITAL: In	IOSPITAL: Inpatient			Other (Specify)			
	No	No)	NOutpatient DOA	OTHER: Nursing Home Residence		Hospice Center			
DECEDENT	9b. FACILITY NAME	9b. FACILITY NAME (If not institution, give street and number)			9c. CIT			Y, TOWN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH			
٠	VNA Mary B	Bartz Hose	oice Center		İ	Valparaiso	1	Porter			
	10. MARITAL STATUS		, SURVIVING SPOUSE				S USUAL OCCUPATION (Give kind of work most of working life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY		
	(Specify) Married		(If wife, give maiden name) Ronald Woodall	Secreta				Legal			
	13a. RESIDENCE-ST		3b. COUNTY	13c. CITY, TOWN, OF	,		13d. STREET AND NU				
	Indiana	I	Lake	Hobart			6400 Colorado	St.			
	13e. ZIP CODE 13f.	INSIDE CITY L			ENT OF HISPANIC OR		RACE-American Indian,	!	DECEDENT'S E		
	ļ	∐ No ∐	Yes WHAT COUNTE	RY? X No L Mexican, Pus	Yes (If yes, specif nto Rican, etc.)	y Cuban,	Black, White, etc. (Specify)	(Speci	fy only highest gn	ade completed)	
	139	ON A FARM?			,	ł	()	Elementary/Se	condary (0-12)	College (1-4 or 5+)	
	46342	X No _	Yes U.S.A.			C	aucasian	12		11	
PARENTS	18. FATHER'S NAME	(First, Middle, I	Last)			19. MOTHER'S N	AME (First, Middle, Maiden	Surname)			
	Donald Holm	berg				Evelyn Roc	lgers				
INFORMANT	20a. INFORMANT'S NAME (Type/Print) 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State,							rown, Stale, 🏚 de)	tate, (podde) 20c. Relationship		
	Ronald Woo	dall		1	6400 Colorado St. Hobart, IN. 46342				Husba	ınd	
	21a. METHOD OF DI	SPOSITION [Entombment	21b. DATE AND PI	ACE OF DISPOSITION	(Name of cemeter)	y, crematory, or	21c. LOCATION City	or Town, State		
	21a. METHOD OF DISPOSITION Entombment						2	2			
	Donation Other (Specify) Oakland Memory Lane Dolton, Illinois								is		
DISPOSITION	22a. EMBALMER'S N	AME		22b. EMBALA	MER'S LICENSE NO.		23. WAS DEATH REPORT	ED TO CORONEA?			
- x	N/A										
	N/A 248. SIGNATURE OF FUNERAL DIRECTOR 248. SIGNATURE OF FUNERAL DIRECTOR 248. LICENSE NUMBER 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME										
	(of Licensee)										
	Home C	This Document is the process of the									
	2d, PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory Approximate										
		Enter the diseas	es, injuries or complications the	t caused the death. Do no	t enter nonspecific terms	, such as cardiac o	r respiratory			Approximate	
	ē	arrest, shock, or	heart failure. List only one caus	se on each line.			r respiratory			Approximate Interval Between Onset and Death	
	e	arrest, shock, or	heart failure) List only one caus a. Cardi	o Respir	atory Ar		r respiratory			Interval Between	
CAUSE OF	IMMEDIATE CAUSE	arrest, shock, or E {Final	heard failure) List only one cause a. Cardi	o Respir	atory Ar	rest				Interval Between	
CAUSE OF DEATH	IMMEDIATE CAUSE	arrest, shock, or E {Final	a. Cardi b. Hepat	o Respir	atory Ar	rest				Interval Between	
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