being requested by pursue its statutory voluntary and there	ATE: The Social Security # this state agency in order responsibility. Disclosure will be no penalty for refusa	is INDIANASI	TATE DEPAI ERTIFICATE	RTMENT OF E OF DEÁ亦氏	OF 180177	No	
Local No		RIES ARE CONFIDENTIAL PER		LAN	FOR RECORD		
RESUB,	1 DECEASED-NAME (First, Min			2 SEX	3a TIME OF DEA	3b. DATE OF DEAT	
TYPE/PRINT	Shirley	Hoover		Femal	e (() All: 42A	🛴 January	16, 2002
IN PERMANENT	4. *social security number 307-42-9275	Se AGE—Last Birthday (Years)	5b UNDER YEAR Honth: Days	5c UNDER 1 6. DA	TE OF BIRTH (MO. Day, YOLK	East Chic	nd State or Foreign Country)
BLACK INK	ea WAS DECEDENT 8b VALUE SEVED IN 19-PLASTOFTISH (CLARK) only one See instructions)						
	NO VETERAN?	None	HOSPITAL Inpatien	tpatient DOA	☐ Residence	Other (Specify) 9d COUNTY OF C	DEATH
DECEDENT	9b. FACILITY NAME (If not institut			9c. CITY. TOW	N. OR LOCATION OF DEATH	Lake	ZZATII
DECEDENT	1901 N. Renss		12a DECEDENT'S USUAL OCCUPATION (Give kind of warding most of working life Do not use retired)				
	10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Donald Hoove	r	Homemaker	ing life. Do not use retired) 13d. STREET AND N	nome	
	13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN, OR LO			Rensselaer	
	IN	Lake	Griffith		16 RACE—American Indian.	17. DECEC	DENT'S EDUCATION
	13e ZIP CODE 13f INSIDE CI	TY LIMITS 14 CITIZEN OF WHAT COUNTRY	² 1 √51√No □ Ye	es (If yes, specify Cuban,	Black, White, etc. (Specify)		highest grade completed) (0-12) College (1-4 or 5 +)
	46319 130 ON A FAR	1 11 5 7	Mexican, Puerto Ric		White	Elementary/Secondary (
PARENTS	18 FATHER'S NAME (First Middle			19 MOTHERS NAME (First Middle, Maiden Surname)			
PARENTS	James Estes Lillian Chupik 20b MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip Code) 20c Relationship						
INFORMANT	206. INFORMANT'S NAME (Type		20b. MAILING	ADDRESS (Street and Number	r Griffith,	N 46319	Husband
	Donald Hoover			OF DISPOSITION (Name of a		21c LOCATION—City of	r Town, State
	21a METHOD OF DISPOSITION	Entombment Removal from State	other place)	January 19,	2002		
	☐ Buriel ☐ Cremation ☐ Other (Spec		Chapel Lav	wn Memorial (Gardens	Scherervi	lle,IN
DISPOSITION	22a. EMBALMER'S NAME:		22b. EMBALMER'S	LICENSE NO	23 WAS DEATH REPO		
	JOHN 1. NODIE						
	248 SIGNATURE OF FUNERAL	DIRECTOR		of Licensee)	Burns-Kish I	Funeral Hom	e#8800135
	Lowe	W D	uns 10	45184 A		Griffith,	
	26 PART I Enter the dise	pases, injuries or complications that c	aused the death Do not ent	ier nonspecific terms, such as c	cardiac or respiratory	_	Approximate
	arrest, shock or heart failure vist only one cause on each line Onset and Death Onset and Death						
041105.05	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. X	OR AS A CONSEQUENCE	E OF)			
CAUSE OF DEATH	Conditions if any, which gave	b. DUE TO	COR AS A CONSEQUENC	CE OF)		UL 8 2002	
	stating the underlying DUE TO (OR AS A CONSEQUENCE OF)						
	PETER BENJAMIN						
	PART II. Other significant condition		but not previously stated if	n Part I 27 WAS DEC	I AKE C	CULTATA	
	PART II. Other significant condition	ons - Conditions contributing to deati		POSCALAN			VERE AUTOPSY FINDINGS
	Obesity	ons - Conditions contributing to destr		PREGNAN POSTPAR (Yes or n	T OR 90 DAYS PERFO	PAMED? A	MERE AUTOPSY FINDINGS XVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? (Yes or no)
	Obesity			PREGNAN POSTPAR (Yes or n	IT OR 90 DAYS PERFO ITUM? (Yes o o) NO NO	nmeD? A	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Obesity	CERTIFYING PHYSICIAN To the	best of my knowledge, dea	PREGNAN POSTPAR (Yes or n	IT OR 90 DAYS (Yes o NO NO NO not place and due to the cause(s	PIMED? A. C.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	Obesity 29e CERTIFIER (Check only cont)	CERTIFYING PHYSICIAN To the	best of my knowledge dea of examination and/or invest	PREGNAN POSTPAR (Yes or n ath occurred at the time date a	TOR 90 DAYS PERFO (Yes o NO NO not place and due to the cause(secured at the time, date and place)	AMED? A C C S) as stated ce and due to the cause(s)	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) as stated
	Obesity 29e CERTIFIER (Check only one)	CERTIFYING PHYSICIAN To the HEALTH OFFICER On the basis of example.	best of my knowledge dea of examination and/or invest	PREGNAN POSTPAR (Yes or n ath occurred at the time date a	TOR 90 DAYS PERFO (Yes o NO NO not place and due to the cause(secured at the time, date and place)	s) as stated ce and due to the cause(s) and mail SE NO 29d D	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) as stated oner as stated ATE SIGNED (Month. Day, Year)
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CERTIFIER HEALTH OFFICER	Obesity 290 CERTIFIER (Check only one) 290 SIGNATURE AND TITLE O A E AM 30 NAME AND ADDRESS OF B J. Jordan, M	CERTIFYING PHYSICIAN To the LAUSE OF CHATIFIER On the basis of example CERTIFIER OF COMPLETED. CALLS PERSON WHO COMPLETED. CALLS I. D. 761 45th	b best of my knowledge dea of examination and/or investi ination and/or investigation of DEATH (ITEM 26) (7	precent process of the time date a stringation in my opinion death occurred in my opinion death occurred by 46321	IT OR 90 DAYS IT UM? NO NO NO NO NO NO NO NO NO N	s) as stated ce and due to the cause(s) due to the cause(s) and mai SE NO 29d D Fel	as stated as stated ATE SIGNED (Month, Day, Year) ATE FILED (Month, Day, Year)
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