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ies for	INDIANA STATE DEPARTMEN	IT OF HEALIH
	CERTIFICATE OF DE	ANIEL OF THURST
roite i	ARE CONFIDENTIAL PER IC 16-1, 19-3	LED FOR RECOR. 3a. TIME OF DEATH 3b. DATE OF DEATH (Month, Day, Yr.)

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Local No	9380)L((((()))	•					
416457			. ADT COI	MEIDENTIAI PERIO	16-1, 19-3		FHED	FORS	3a. TIME OF DEATH	3b. DATE OF DEAT	H(Month, Day, Yr.)
	THE RECORDS	N THIS SERIES	ARE CO	NFIDENTIAL PER IC			2. SEX		Į.	April 1	8. 2002
TYPE/PRINT	1. DECEASED - NAMI	(First, Middle	e, Last)		Hack	0	Mail	10	19115 P81	7 DIPTHPI ACE (City	and State or Foreign Country)
IN	Richard		E	- 0 C 1	5 HOR TYEAR	5c. UNDER	Mr alir		TH (Mo., Day, Yr.)	lminooka	
PERMANENT	4. * SOCIAL SECU	IRITY NUMBER	7 ∩•Ω	AGP - Last Bilth	Months D	ays Hours	Vinuxes T	une 22	1936FR	Illinois	
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	304-36-5		Bb YEARL	AST SERVED IN			R	ECME	Marsing Home	Other (Specify)	
	8a. WAS DECEDEN A U.S. VETERAL		U.S. A	RMED FORCES?		inpatient			Residence	9d. COUNTY OF	DEATH
	l	ł		.956		ER/Outpatient	9c, CITY, TOV	VN, OR LOCA	TION OF DEATH	9d. COUNTY OF	DEKIII
	Yes	(If not institu	ition, give	street and number)						Lake	
	1 · · ·	•			IMITISUE			er	(O) - kind of work	12b. KIND OF BUSI	NESS/INDUSTRY
DECEDENT	The Com	he Community Hospital			12a. DECEDENT'S USUAL done during most of		NTS USUAL O	CCUPATION orking life. Do	not use retired.)	Local 142	
	10. MARITAL STAT	JS ∫¹	11. SURVIVI (If wife, gir	ive maiden name)		Teams					12
	(Specify) Married	13	Peggy	T	13c. CITY, TOWN				3d. STREET AND NUMB		
	13a. RESIDENCE	STATE	13b. COUN	mY				1	1101 W. 7	lst Ave.	- FRUNATION
	l	1-	Lake		Scherer		1812	16. RACI	E-American Indian.		DENT'S EDUCATION highest grade completed)
	Indiana			14. CITIZEN OF	15.WAS DECEDEN	T OF HISPANIC ORIG	necify Cuban,	Black,	, White, etc.		
	13e. ZIP CODE	ISI No □	Yes	WHAT COUNTRY?	I №	☐ 163		(Spec	cny)	Elementary/Secondar	77 /7
	1				M exican,	Puerto Rican, etc.)		Whi	te	}	11 N/A
		13g. ON A FARM		USA			19. MOTHE		(First, Middle, Mai	ien Surname)	
	46375	⊠ No □	1 :52	L			ì		Crecilius		
	1		151)				Geor	gra Rural F	Route Number, City or To	wn, State, Zip Code)	20c. Relationship
PARENTS	Alfred	Hack	Prinfl		20b.	MAILING ADDRESS (Street and Num	Der or Haiai.		AT C	Wife
_	1	S NAME (Type/F	- miny		111	01 W. 71:	st Ave	., Sc	hererville	21c. LOCATION - City	or Town, State
INFORMANT	Peggy_	Hack			21b. DATE AND	PLACE OF DISPOSIT	ION (Name of	cemetery, cre	ematory, or		
//	21a. METHOD O	FDISPOSITION	Entor	mbment						_	Todiana
	1771	Cremation	Rem	noval from State	April .	23, 200E	motar'	5.7	_	Merrillv	ille, Indiana
	Burial Donation	Other (Specia	fy)		_Calume	t Park Ce	mecer	23.	WAS DEATH REPORT	D TO CORONER?	
	22a. EMBALME				22b. EMB	ALMER'S LICENSE N	J		⊠ No □	Yes	
DISPOSITION	l	27	/		FDOE	900012	15		ME, ADDRESS, AND LIC	FNSE NUMBER OF FUI	VERAL HOME
DISPUSITIO	II.asmiri	R. Pula	asky	/	U JUS	24b. LICENSE NU	MBER	1000 3	can Funer	al nome	11144
	24a. SIGNATUR	E OF FUNERAL D	IRECTOR	NIO	COL	(of License		Get	.5011 2	c+ Crown	Point, Indiana Approximate
	101	1.1	" VN	MADI	UT	FD09000	013	109	N. East	3C. / CIONI	Approximate
	1 De	1/1/1/0	SKI	, or complications that c	aused the death. Do	not enter nonspecific	terms, such as	cardiac or res	spiratory		interval Between Onset and Death
	26 PARTI	Enter the disea	ses, inj uries	re. List only one cause	on each line.	is the pi	ropei	ty o	I		Oliset alla 2
	4×	arrest, shock, o	or heart tallu	ile. List only stra		1	1 -	_			
	1	1/		the La	ke/Con	1110000	torde	10			
		•		tne La	pdicom	MCONT.	Corde	/ C			
	IMMEDIATE C	USE (Final		DUE TO	O (OR AS A CONSEC		Corde	t fail	ve)		
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