6 + VETSO

TTENTION ESTATE. The Social Security # is ng requested by this state agency in order is sue its statutory responsibility. Disclosure is untary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No. 17-6036-0047

	THE RECORDS IN THIS SE	RIES ARE CONFIDENTIAL	PER IC 16-1-19-3						
6164	1 DECEASED—NAME (First Me				2. SEX	3a TIME OF	DEATH 36 DATE	OF DEATH (Month De	r. 4c)
/PRINT	JAMES E	RITCHI		Sc UNDER 1	MALE DAY 6 DATE O	11 • 4 DE BIRTH (Mo. Day.)	OAM JANU	ARY 5, 2 E (City and State or	
MANENT	4. *SOCIAL SECURITY NUMBER	5e AGE—Last Birtho (Years)	Months Days		1		934 Haza	Kent	uckv
CK INK	402-46-281			<u> </u>	9ª PLACE	OF DEATH (Check of	nly one. See instructions	<u> </u>	
	84. WAS DECEDENT A U.S VETERAN?	86 YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL DI Inpa		01	HER Nursing	Hame Other (Spec	. •	
_	Yes	N/A	☐ ER/	Outpatient DO	A	Resident		NITY OF DEATH	
7	96. FACILITY NAME (If not institut	non, give street and number)		9c				ĊΛ	
DENT	St Mary Me	dical Cent	er		<u>Hoba</u>			OF BUILDINGE STAIDS	STRY
	10 MARITAL STATUS	6)	12a DECEDENT'S US done during most		USUAL OCCUPATION (Give kind of work nost of working life. Do not use retired)		126 KIND OF BUSINESS/INDUSTRY		
	(Specify) Married	dulovich_	lovich Painte			P.	P SO nting		
	13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OF	LOCATION		13d STREET A	ND NUMBER	7	
		Lake	Hobart			4040 M	issouri	St.	
	Indiana	15 WAS DECEDEN	15 WAS DECEDENT OF HISPANIC ORIGIN?		RACE—American In		17 DECEDENT'S EDUCATION (Specify only highest grade completed)		
	□ No X	יי סאונאַג ויצאווא יי	No ☐ Yes (If yes, specify Cubi Mexican Puerto Rican, etc.)				Elementary/Secondary (0-12) College (1-4 or 5 +)		
	13g ON A FAI	RM?	Mexican Puerto	mean. acc.)			8		
	46342 XD No	USA USA			1	White			
NTS	18 FATHER'S NAME (First Middle	le. Last)						3	
113	Edwin Ritch	nie			Allie	Ponder		Code) 20c Rel	etropetro
	20m INFORMANT'S NAME (Type	/Print)					City or Town State Zu		_
ORMANT	Dolores Ri		4040	Missou	ri St.	IND ID	463	42 Wi	
	218 METHOD OF DISPOSITION	Entombment	215 DATE AND PLA	CE OF DISPOSITIO	N (Name of ceme	tery replace or		N—City of Town, Str	te
	Burial XXCremation	Removal from State	other place)	January	11,20	000	3°		
	Donation Other (Spe	Calvary	Comote	rv and	Cremo	ct-axium.	Portag	e, Indian	
	228 EMBALMER'S NAME		226 EMBALME		4:0	23 W S EAT		NER?	•
OSITION	228 EMBACMENS NAME		N		11t 15	₹Q No			
	N / A	DIRECTOR		LICENSE NUMBE	25	NAME ADDRESS.	ND LICENSE NUMBER	OF FUNERAL HOM	Ε
	248 SIGNATURE OF FUNERAL	DIRECTOR	NOTIC	(of Licensee)		TENER!	ENJAMIN	atrolik	Fh83004
	11: 1			D000003	05 7	we con	TUDUAYT	77 i 1 1 v i	11e.TN46
	Jec Mill	1 - Duran		D088003		Crty di	e st. ne		Approximate
	26. PART 1 Enter the dise	eases injuries, or complications	that caused the death. Do not	enter nonspecific te	rms such as card	isc or respiratory			Interval Between
	arrest, shock	or heart failura List only one o	a manual and		Recor			:	Onset and Death
	•				1 ココ・モビノ (J 11 1 1 1			
	IMMEDIATE CAUSE (Final		ID SIAG	<u> </u>	IBHA	SEIMA			e year
	disease or condition		JE TO LOR AS A CONSEQUE	<u> </u>	1PHY!	SEIMA			e gen
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SE OF TH	disease or condition resulting in death) Conditions, if any, which gave	b Ou		NCE OF)	15HA	SEMA			e gen
SE OF FH	disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying	b Du	E TO (OR AS A CONSEQUE	NCE OF)	1544	SEMA			e gan
SE OF FH	disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause.	b Du	IE TO (OR AS A CONSEQUE	NCE OF)	1547	SEMA			e gan
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Commonly known as: 4040 MISSOURI STREET, HOBART, IN 46342

