Key No.1, 29 - 39 - 32 29 - 40 - 6 30 - 153 - 42 Key Nov. 30-153-39 440 30-154-596 36-232-9

ATTENTION ESTATE: The Social Security # is eing requested by this state agency in order to ursue its statutory responsibility. Disclosure is oluntary and there will be no penalty for refusal.

SDH06-004 State Form 10110 (R5/1-99)

INDIANA STATE DEPARTMENT OF HEALTH

1 DECEASED—NAME (First N		TOTAL AND	2 SEX	3a. TIME OF DEAT		DEATH (Month, Day, Yr
HOWARD	MARVIN	HOLLAND	MALE	11:23A		EMBER 10
4. *SOCIAL SECURITY NUMBER 352-07-8261	Sa AGE—Last Birthday	y 5b UNDER 1 YEAR 5c UN Morths Days Hours		RTH (Mo. Day: Yr)		(City and State or Fore
8a. WAS DECEDENT	86 YEAR LAST SERVED IN			EATH (Check only one		JUNCTI
A U.S. VETERAN? YES	U.S. ARMED FORCES?	HOSPITAL [] Inpatient		Nursing Home		•)
	1945	ER/Outpatient	DOA L	X Residence	š	
9b. FACILITY NAME (If not institu 1815 LA POR			9c. CITY, TOWN, OR LO		1 3	Y OF DEATH
10. MARITAL STATUS	11. SURVIVING SPOUSE	12a DEC			LAI	BUSINESS/INDUSTR
MARRIED	VELMA BR	YANT TRA	DENT'S USUAL OCCUPATION OUTING MOST OF WORKING LIFE DO NSPORTATION	not use retired) N SPVSI	1	ND STEE
130 RESIDENCE-STATE	13b COUNTY	13c. CITY, TOWN, OR LOCATION	·	3d. STREET AND NU		
INDIANA	LAKE	WHITING		1815 LA	PORTE	AVENUE
13e ZIP CODE 13f. INSIDE CI	TY LIMITS 14 CITIZEN OF WHAT COUNTS	15. WAS DECEDENT OF HISPAN	IC ORIGIN? 16. RACE	American Indian.	17-0	ECEDENT'S EDUCAT
46394 13g ON A FAF	21.42	Mexican, Puerto Rican, etc.)	(Spe		Elementary/Second	only highest grade col glary (0-12) Collec
X No [U.S.A.		WH	ITE	8	
18 FATHER'S NAME (First, Middle		4.6	19. MOTHER'S NAME		urname)	
MATTHE			NORA		AY	HINES
MRS. VELMA		206 MAILING ADDRESS 1815 I.A PC	(Street and Number or Rural F	oute Number, City or 1 NC IN	own. State. Zip Cod 46394	de) 20c. Relationsh
21a METHOD OF DISPOSITION	☐ Entombment	216. DATE AND PLACE OF DISPO		 _	10 LOÇATIONC	
Buriel Cremation	Removal from State		MBER 13, 20		IC LOCATION==C	ity or Town State
Donation Other (Special	ify)		ARK CEMET	1	MERRILI	LVILLE,
22. EMBALMER'S NAME		22b. EMBALMER'S LICENSE N		WAS DEATH REPORT		
	J. BLAKE	FDE0101940	1T 1S	□ No 🔀 Yes	1	
244 SIGNATURE OF FUNERAL DI	IRCTOR	246 LICENSE NU	ARCH JE NAME	ADDRESS, AND LICE	USE NUMBER OF E	
Water	S. Alle	tof Licenseel FDE010	19456 1235-	N & SON 119TH ST	I, INC.,	FDH8301 FING, IN
arrest, shock, or	heart failure. List only one cause	FDE010 caused the death. Do not enter nonspecific on each line.	BAR A 19456 1235— c terms such as cardiac or rec	N & SON 119TH ST	I, INC.,	FDH8301
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