pursue its statuto	STATE: The Social Security by this state agency in orde in yr responsibility. Disclosure e will be no penalty for refus	rto ais	INDIANA S	TATE D				
THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3								
TYPE/PRINT	1 DECEASED—NAME (First Middle, Last)							
IN			ROBERT E	• CARRO				
PERMANENT	1		5a. AGE—Last Birthday (Years)	56 UNDER 1				
BLACK INK	314-24-0547		70	Months				
	8a. WAS DECEDENT A U.S VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?						
	no			HOSPITAL C				
DECEDENT	9b FACILITY NAME (If not institution, give street and number)							
	William J. Riley Memorial Hospice							
	10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)						
	Married	Diane R. Daperl						
	12- DECIDENCE CTATE							

13. RESIDENCE-STATE

Indiana

46311

INDIANA STATE DEPARTMENT OF HE

ROBERT E. CARROLL

the rostate

246 LICENSE NUMBER

CITIZEN OF 15. WAS DECEDENT OF HISPANIC ORIGIN?
WHAT COUNTRY? XI No | Yes (If yes. specify C

U.S.A.

William Patrick Carroll

13b. COUNTY

13e ZIP CODE 13F INSIDE CITY LIMITS 14 CITIZEN OF WHAT COUN

X No ☐ Yes

Mrs. Diane R. Carroll 21a METHOD OF DISPOSITION __ Entombment

☐ Burial ☐ Cremation ☐ Removal from State

OF FUNERAL DIRECTOR

shu extuet

13g. ON A FARM?

18 FATHER'S NAME (First Middle, Last)

20s INFORMANT'S NAME (Type/Print)

☐ Donation ☐ Other (Specify) _

none

22a EMBALMER'S NAME

Lake

5	TATE DEP	ARTM	ENT	OF H	EAL	TH					
	ERTIFICATER IC 16-1-19-3	TE OF	DEA ⁻	TH		Stat	e N	0		•••••••	
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Hospice Munste							Lake				
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Ĭ	13c CITY TOWN OR I		U UI a	ims A				American	Sta	ates Insr	٠.
	Dyer 642–206th										
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	Carroll Toppy Violet Headles										
_	20b MAILING ADDRESS (Street and Number or Rural Route Number. City or Town State. Zip Code) 20c Relationship										
_	642-	.206th	Dy	er, IN	V 4	.6311	r lown	State, Zip Code)		elationship Vife	
4	other place) N	ovembe	r 13	. 1998	cremator	ry. or	21c I	CATION City or	Told S	tate	_
_	Calumet		rema				M	erri II vi	1 Te ,	≥ IN	
	22b EMBALMER'S I				K	40 🔲 Y	es ·	O CORONER?	500	25	_
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-			-		111			/#/		11/1/11	110

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

HEALTH **OFFICER**

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