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

Local No. 04 0463

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 49-296-15

	THE RECORDS IN THIS :	SERIES ARE CONFIDENTIAL F	PER IC 16-37-1-10		Ota	ite 140	1.50 1.6.51
TYPE/PRIN	T DECEASED-NAME (First	Middle, Lest)	21(10 10 0/-1-10	In one			_
IN	Paul J. De			2 SEX	le 11:24	DEATH 36 DATE	OF DEATH (Month, Day, Yr.)
PERMANE			56. UNDER 1 YEAR		DATE OF BIRTH (Ma. Day, Yr)	A _M Joul	y 31, 2004
BLACK INI	K 316-14-8135	(Years) 79	Months Days	HOUSE Minutes I	DATE OF BIRTH (MO. Day. Yr)	7. BIRTHPLAC	E (City and State or Foreign Country)
	8e WAS DECEDENT A U.S. VETERAN?	86. YEAR LAST SERVED IN			ept. 28,192	24 Bicki	nell India.
		U.S. ARMED FORCES?	HOSPITAL X Inpet		I DESCRIPTION OF THE PROPERTY	one. See instructions)
	Yes	1950		Jutpatient DOA		me DOther (Spec	rfy)
DECEDENT	96 FACILITY NAME (If not institu	tion, give street and number)			DWN: OR LOCATION OF DEAT	u la	
	Methodist H	ospital-Nort	hlake Car	npus Gar		Lak	TY OF DEATH
	10. MARITAL STATUS (Specify), Married	11. SURVIVING SPOUSE (If wife, give maiden name) DONNA COOPE				Lar	
		Donna Coope	r	Electricia	OCCUPATION (Give kind of working life Do not use retired)	7/* 126. KIND 0:	BUSINESS/INDUSTRY
	13ª RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN, OR L	OCATION		Sceel	Manufacturing
	Indiana	Lake	Gary		13d STREET AND I	NUMBER Leeler S	L
	13e ZIP CODE 13f INSIDE CIT		15 WAS DECEDENT	DE HISPANIC ORIGIN2			
	46406 13g ON A FARI	THE COUNTRY	I LENNO □ Y	es (If yes specify Cuban,	16. RACE—American Indian. Black, White, etc.	17.	DECEDENT'S EDUCATION
	10400 13g ON A FAM	IU.S.A	Mexican, Puerto Rio	an, etc.)	(Specify)	Elementary/Seco	y only highest grade completed)
PARENTS	18 FATHER'S NAME (First, Middle.	(Ast)			White	1 12	College (1-4 or 5 +)
,	Owen DeBaun			19 MOTHE	R'S NAME (First, Middle, Maiden	Surname)	
VFORMANT	20s. INFORMANT'S NAME (Type/F)root)		рьona	Summers	170	
	Donna DeBaur		206 MAILING	DDRESS (Street and Number	or Rural Route Number. City of	Town State Zaco	de) 20c Relationship
	/			crcr of.	Gary, in.	4640	Wife
-	i — _	Removal from State	THE DATE AND PLACE	OF DISPOSITION (Name of co	emetery crematory or	21c LOCATION-C	1
	Donation Other (Specify)	other place) Au	gust 3, 20	104 J	0	my or Town, State
ISPOSITION	220 EMBALMER'S NAME		Chapel L	awn Cemete		Scherer	ville, Indiana
	Edgar C. Gle	i m /	226 EMBALMER'S LI		23 WAS DEATH REPOR	RTED TO CORONA	
	246 SIGNATURE OF FUNERAL DIRE	TIII	FD01016		☑ No □ Y		
	1 1	01-		NSE NUMBER 2	5. NAME ADDRESS AND LICI	ENSE NUMBER OF E	INERAL WOLF
	I claud A 1	eter-			uiper Funer	cal Houng	e 9039 Kleinman
) (() 1 ()		- ~ TIOING	S JUJY KIAINMAN
	20.0100	110		To Too Title	u.Highland.	In. 46	322 FH10300021
	26. PART I. Enter the diseases arrest shock or he	injuries or complications that cause		To Too Title	u.Highland.	In. 46	322 FH10300021
	arrest, shock, or he	injuries or complications that cause eart failure. List only one cause on se	d the death. Do not enter i	ionspécific terms, such as car	diac or respiratory	In. 46	Approximate
i	The diseases	cars:	of the death. Do not enter in the line.	ionspécific terms, such as car	diac or respiratory	In. 46	322 FH10300021
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