TTENTION ESTATE: The Social Security ng requested by this state agency in order sue its statutory responsibility. Disclosur untary and there will be no penalty for refusional No.	e S
THE RECORDS IN THIS S	3
PE/PRINT THOMAS	V

er to re is sal. INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.				e				•				
State No.						•		۰				

ical Ivo	THE RECORDS IN THIS S	ERIES ARE CONFIDENTIAL P	PER IC 16-37-1-10	0	Otat		
PE/PRINT	1 DECEASED-NAME (First, N	Aiddle, Last)		2 SEX	3a. TIME OF DE		DEATH (Month, Day, Yr)
IN RMANENT	THOMAS 4. *SOCIAL SECURITY NUMBER	· · · · · · · · · · · · · · · · · · ·	CONNOR SE		3:25 F		9 , 2004 City and State or Foreign Country)
LACK INK	305-20-4564	(Years) 80	Months Days		RIL 8, 1924	EAST	CHICAGO, INDIANA
\	88. WAS DECEDENT A U.S VETERAN? YES	86 YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL Inpa		OTHER Nursing Hom	one. See instructions.)	
1	9b. FACILITY NAME (If not institu	1946	☐ ER/0	Outpatient DOA	Residence	1 lad COUNT	OF DEATH
CEDENT	1429 KEENLAND	WAY		SCHERI	ERVILLE		
	WIDOWED	11 SURVIVING SPOUSE (If wife, give maiden name) N/A		120 DECEDENT'S USUAL Codone during most of work YARD MASTE	OCCUPATION (Give kind of working life. Do not use retired)	rk 126 KIND OF RA	BUSINESS/INDUSTRY ILROAD
•	INDIANA	LAKE	13c. CITY, TOWN, OR GRIFF		13d STREET AND I	Taxania T	AST STREET
	13e ZIP CODE 13f INSIDE CI		(? X No □		16. RACE—American Indian, Black, White, etc	(Specify	ECEDENT'S EDUCATION only highest grade completed)
	13g. ON A FAF	LIICA	Mexican, Puerto f	Rican. etc)	(Specify) WHITE	Elementary/Secon	dary (0-12) College (1-4 or 5 +)
RENTS	18 FATHER'S NAME (First, Middle JOHN O CONNO	e. Last)		19. MOTHE	R'S NAME (First Middle Maide MARGURITE O	Surname) GEER	
ORMANT	20a INFORMANT'S NAME (Type, DENISE BLANCHA		206 MAILING 1429 F	ADDRESS (Street and Number KEENLAND WAY,	er or Rural Route Number. City of SCHERERVILL	or Town State Zip Coo E, IN 463	75 DAUGHTER
	21a METHOD OF DISPOSITION Burnal	☐ Entombment	21b. DATE AND PLACE	E OF DISPOSITION (Name of a	cemetery, crematory, or	21c. LOCATION—C	
	Donation Other (Spec	Removal from State	other place) CHAPEL LAV	VN MEMORIAL G		SCHERERV	ILIE, INDIANA
POSITION	220 EMBALMER'S NAME. RICHARD MILLI	ER	FD204	HOOO30 T 1S	23 WAS DEATH REPC	RIED TO CORONER	
0	248. SIGNATURE OF FUNERAL D	IRECTOR		ICENSE NUMBER	25 NAME ADDRESS AND LI	CENSE NUMBER OF F	FH83003035
23	Sauce	ug Mall	eumerFD	01006015rop	2828 HIGHWAY	VANUE, H	IGHTAND, INDIAN
35	26. PART I Enter the disease of complete disease or condition resulting in deeth)		Alegh line	The state of the s	ardiac or respiratory		Approximate Interval Between Onset and Death
8	Conditions, if any, which gave tries to the immediate cause stating the underlying cause last	c	OR AS A CONSEQUENC				
1) 8/	PART II Other significant conditions QT Buckle PVD, Ma	8, CAD, Re	- mal insig	PREGNANT OSTPARTI (Yes or no)	OR 90 DAYS PERFORM	MED? NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
7 8	one)	ERTIFYING PHYSICIAN To the b EALTH OFFICER On the basis of ORONER On the basis of examina	examination and/or investi	gation in my opinion, death occi	urred at the time, date, and place	and due to the cause(
RTIFIER 3	296 SIGNATURE AND TITLE OF C		Family Care	Centers Of Indiana	29c MEDICAL LICENSE		DATE SIGNED (Month, Day, Year)
B 3	O. NAME AND ADDRESS OF PER Kathryn Mul	SON WHO COMPLETED CAUSE OF	OF DEATH (IT 11 2 6 May	Re St yrSuite 103 C. IN 46311	0103 234	274	/2- / 5
LTH ICER	HEALTH OFFICERS SIGNATUR	ru But	- Eol I	ER		Mi	ATE FILED (Month Day, Year)
3	3 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year	0.0	34c INJURY AT WORK	34d. DESCRIBE HO	W INJURY OCCURRE	o A Trace
	Natural Pending Investigation		JUN - 1	2005) 9-1
	Accident Suicide Could not be Determined	34e PLACE OF INJUR building, etc. (See	Y—At home farm street.	factory, office 34	If LOCATION (Street and Num	ber or Rural Route Nur	nber, City or Town, Staley
34	4g DATE PRONOUNCED DEAD (A		KE COUNTY	AUDITOR Yes or no) If yes, specify driv	er, passenger, pedestrian, etc.		TT
						00	0027 14
SI	DH06-004 State Form	10110 (R5/1-99)					