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 perialty for refusal.
oluntary and there will be no penalty for refusal.

## INDIANA STATE DEPARTMENT OF HEALTH

ocal No	) 0 9 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			TE OF DEATH	State	e No	••••••
#610171	THE RELECTION IN THIS S	ERIES ARE CONFIDENTIAL P	ER IC 16-1-19-3				
YPE/PRNT	MARY	EVELYN	TATUM	2. SEX Fem	3a. TIME OF DE	1	
<b>ERMANENT</b>	4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)			ale 3:55 I		ry 20, 2005 and State or Foreign Country)
BLACK INK	309-30-8886	83	Months Days	Hours Minutes Ap	ril 15, 1921	Lebanon	, Kentucky
	80. WAS DECEDENT A U.S. WETERIAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	WOODER W.	9e. P	LACE OF DEATH (Check only	one. See instructions.)	
1	No	None	HOSPITAL: XXInpe	Dutpatient DOA	OTHER: Nursing Hom	e Other (Specify)	
*ECEDENT	9b. FACILITY NAME (If not institu				WN. OR LOCATION OF DEATH	9d. COUNTY OF	DEATH
d	St. Mary Med	<del></del>			bart	Lake	
,3 ,3	10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) None		12a. DECEDENT'S USUAL Co	OCCUPATION (Give kind of working life. Do not use retired)	/k 2b. KIND OF BUSI	
,	13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR	Seams Seams	TTESS	Draper	les
κ) M	Indiana	Lake	Merrill		1	thor Blvd.	
7	13e. ZIP CODE 13f. INSIDE CIT	TY LIMITS 14. CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT	OF HISPANIC ORIGIN?	16. RACE—American Indian,	17. DECE	DENT'S EDUCATION
'n	13g. ON A FAF		Mexican, Puerto F	. , ,	Black, White, etc. (Specify)	(Specify only	highest grade completed) (0-12) College (1-4 or 5 + )
3	46410   X <sub>0 № 0</sub>				White	<b>\C</b> C \(\begin{array}{c} \cdot \\ 8 \\ \end{array}	
ARENTS 3	18. FATHER'S NAME (First Middle George	e. Lesti Mann		19. MOTHE	R'S NAME (First, Middle, Maider		
<b>IFORMANT</b>	20s. INFORMANT'S NAME (Type)		205 MARI INC	ADDRESS (Street and Alimba	Lettie  or Or Rural Route Number, City o	Thompson	
VFORMAN I	Roger Tatum		144 W	estchester L <sub>1</sub>	n., Valparais	r Town State Zip Code) SO IN 46385	20c. Relationship Son
	21a. METHOD OF DISPOSITION	☐ Entombment		OF DISPOSITION (Name of o		21c. LOCATION—City or	
	XX Burial Cremation  Donation Other (Speci	Removal from State		ebruary 23,	1	-	
ISPOSITION	22a. EMBALMER'S NAME:	797		1mwood Cemete	annua annua	Hammond, 1	Indiana
ISPOSITION	Larry D. Anth	onv	22b. EMBALMER'S	001447 1S	23. WAS DEATH-REPO	RTEDITO CORONER?	
	24. SIGNATURE OF FUNERAL PI				25. NAME ADDRESS AND LIC		RAI HOME
	Harry 1	) (1,1)		of Licensee)	Anthony & Dzi		
Ļ		This Dig	~		9445 Calumet	Ave, Munste	IN 46321
	26. PART I. Enter the diseas arrest, shock, or	ses, injuries, or complications the car r heart failure. List only one cause o	used the death. Do not ent	er nonspecific terms, such as ca	rdiac or respiratory	∖ 📃 _8결	Approximate
	IMMEDIATE CAUSE (Final		CVA	<b>√</b>		_ED~	Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (	OR AS A CONSEQUENC	E OF):			<i>J.</i>
1	Conditions, if any, which gave	b. DUE TO (	OR AS A CONSEQUENCE	OF):	JUN -	9 2005	
3	rise to the immediate cause. stating the underlying	C					
	cause lest	d.	OR AS A CONSEQUENCE	OF):	STEPHENE	RISTIGUOU	
<u> </u>	PART II. Other significant conditions	- Conditions contributing to death	net not previously exeted in	0-11	" - JOON	YAIDITO	
E Ğ			The state of the s	PREGNANT	OR 90 DAYS PERFORI	MED? AV	RE AUTOPSY FINDINGS AILABLE PRIOR TO
₹ ₹				POSTPARTU			
			TITI	(Yes or no)	(1000)	OF	MPLETION OF CAUSE DEATH? (Yes or no)
유통 1	29e. CERTIFIER VI CE	RTIFYING PHYSICIAN TO HELD	A TUNE	R S No	N	OF	
TICOR TITLE INS. HIGHLAND, INDIAN	29a. CERTIFIER Check only one)	ERTIFYING PHYSICIAN To the b	est of my knowledge, deatl	No occurred at the time, date, and	N place, and due to the cause(s) a	OF OF	NO
HIGH	one) HE	EALTH OFFICER On the basis of	examination and/or investig	n occurred at the time, date, and pation, in my opinion, death occur	place, and due to the cause(s) a	OF	DEATH? (Yes or no) NO
Ī	one) HE	ORONER On the basis of examina	examination and/or investig	n occurred at the time, date, and pation, in my opinion, death occur	place, and due to the cause(s) a pred at the time, date, and place, the time, date, and place, and due	OF I	DEATH? (Yes or no) NO
ERTIFIER 2	One) HE	CALTH OFFICER On the basis of ORONER On the basis of examina ERTIFIER	examination and/or investigation, in	No n occurred at the time, date, and pation, in my opinion, death occurred at the	place, and due to the cause(s) a place, and place, and place, and place, and due	OF I	DEATH? (Ves or no) NO stated. r as stated. E SIGNED (Month, Day, Year)
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ERTIFIER  3 EALTH FICER  3	One)  HE  CO  CO  CO  CO  NAME AND ADDRESS OF PERS  RUPESH Shah, I  HEALTH OFFICER'S SIGNATURE  MANNER OF DEATH  Netural Pending Investigation	CALTH OFFICER On the basis of CARONER On the basis of examination of examination of the basis of examination of th	examination and/or investigation. If  tion and/or investigation. If  DF DEATH (ITEM 26) (Type  6 th Place,  34b. TIME OF INJURY	No occurred at the time, date, and pation, in my opinion, death occurred at in my opinion, death oc	place, and due to the cause(s) a treed at the time, date, and place, and due to the time, date, and place, and due the time, date, and place, and due the time, date, and place, and due to the time, date, and place, and due to the time, date, and place, and due to the time, date, and place, and pl	of instated.  and due to the cause(s) as to the cause(s) and manne in the cause(s) as the cause(s) and manne in the ca	Stated.  r as stated.  E SIGNED (Month. Day. Year)  UATY 22, 2005  FILED (Month. Oay. Year)  AND COMPLETE  IF FILE WITH THE  City or Town. State
ERTIFIER  3 EALTH FICER  3	One)  HE  CO  SPB. SIGNATURE AND TITLE OF CO  ONAME AND ADDRESS OF PERS  RUPESH Shah, In  HEALTH OFFICER'S SIGNATURE  AMANNER OF DEATH  Netural Pending Investigation  Accident  Could not be Determined	CALTH OFFICER On the basis of CARMINE CONTROL ON the basis of examine CARMINE CONTROL ON THE BOOK OF THE CARMINE CONTROL OF THE CARMINE CARMIN	examination and/or investigation. In the property of the Place,  34b. TiME OF INJURY  NY—At home, farm, street, 1979	No occurred at the time, date, and gation, in my opinion, death occurred at in my opinion, death occurred at in my opinion, death occurred at in my opinion. death oc	place, and due to the cause(s) a pred at the time, date, and place, and due to the time, date, and place, and due the time, date, and place, and due to the time, date, and place, and	of instated.  and due to the cause(s) as to the cause(s) and manne  NO. 29d. DATE  Febr  6410  32. DATE  VINJURY OCCURRED  THE ABOVE IS A TRUE ERTIFICATE OF DEATH OF EATH OF EATH OF EATH OF EATH MENT.	Stated.  r as stated.  E SIGNED (Month. Day. Year)  UATY 22, 2005  FILED (Month. Oay. Year)  AND COMPLETE  IF FILE WITH THE  City or Town. State
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ERTIFIER  SALTH FICER  3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	One)  HE  CO  CO  CO  CO  NAME AND ADDRESS OF PERS  RUPESH Shah, I  HEALTH GESIGER'S SIGNATURE  MANNER OF DEATH  Netural Pending Investigation  Accident  Suicide Could not be Determined	CALTH OFFICER On the basis of CRONER On the basis of examina ERTIFIER  SON WHO COMPLETED CAUSE (M.D., 202 E. 8  34a. DATE OF INJURY (Month. Day, Year)  34a. PLACE OF INJURY building etc. (Special Control of the basis of examination of examination of the basis of examination of exam	PERMINENT AND	No occurred at the time, date, and gation, in my opinion, death occurred at in my opinion, death occurred at in my opinion, death occurred at in my opinion. death oc	place, and due to the cause(s) a pred at the time, date, and place, and due to the time, date, and place, and due the time, date, and place, and due to the time, date, and place, and	and due to the cause(s) as tated.  and due to the cause(s) and manne t	Stated.  r as stated.  E SIGNED (Month. Day. Year)  UATY 22, 2005  FILED (Month. Oay. Year)  AND COMPLETE  IF FILE WITH THE  City or Town. State