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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF	DEATH
	CERTIFICATE OF

ocal No.	THE RECORDS IN THIS S	SERIES ARE		CERTIFICA		DEATE	1	State	e No	• • • • • •	• • • • • •	•••••••	
YPE/PRIN			E CONTIDENTIAL P	ZR IC 16-37-1-10		2 SEX		3a. TIME OF DE	ATU O G				
IN	SIDNEY	····		EENINGA		MAL	Е	10:42 A	i	DECEM		th. Day. Yr.) 16, 2002	
ERMANEN 3LACK INK		5a.	AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c UNDE	R 1 DAY 6	DATE OF BIRT	H (Mo. Day, Yr)		PLACE (Cit	y and State	or Foreign Country)	
SLACK INK	310-42-9416	AP YEAR	79 LAST SERVED IN	- Cays	riours	A	or.24	,1923	Net	her			
	A U.S. VETERAN?	U.S AF	RMED FORCES?	HOSPITAL A Inpe	tient	9a. F	1	TH (Check only o	ne. See instru	ictions)			
		none	☐ 58/Outcomes (OTHER Nursing Home DOA Residence				Other (Specify)			
ECEDENT	9b. FACILITY NAME (If not institut			-			WN. OR LOCA	TION OF DEATH	9d. (COUNTY OF	F DEATH		
1	THE COMMUNITY					MUNSTER				LAKE			
1	(Specify)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)				12b. KIND OF BUSINESS/INDUSTRY						
(13a RESIDENCE-STATE	13b. COUN	n Hoeks	I3c. CITY, TOWN, OR	Maint	enanc			lma i	nter	nan c	e	
	Indiana	Lak	Lake	Munster			13d STREET AND N						
	136 ZIP CODE 131 INSIDE CIT		14 CITIZEN OF WHAT COUNTRY		OF HISPANIC ORIGIN?		16. RACE—American Indian		17. DECEDENT'S EDUCATION				
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NFORMANT	Helen Jeeni			20b. MAILING	ADDRESS (Str	reet and Numbe	er or Rural Route	Number, City or	Town. State. 2	Zip Cogn	20c Re	lationship	
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