ATTENTION ESTATE: The Social Security # ing requested by this state agency in order tursue its statutory responsibility. Disclosure in
iluntary and there will be no penalty for refusal.
iluntary and there will be no penalty for refusal.

18 FATHER'S NAME (First, Middle, Last)

20s INFORMANT'S NAME (Type/Print)

X Bund

26 PARTI

Coneroon

228 EMBALMER'S NAME

IMMEDIATE CAUSE (Finst disease or condition resulting in death)

Condrivors, if any, which gave rise to the immediate cause, stating the underlying cause lest

29a CERTIFIER (Check only one)

☐ Homecide

Pet M. Seaton

Rosalie Seaton

Cremetion

Cither (Specify)

Removal from Stat

21. METHOD OF DISPOSITION | Entor

Jason Frazier 240 SIGNATURE OF FUNERAL DIRECTOR

ATTENTION EST ing requested by	this state ag	ency in order	to I	NDIANA S		חם ר		ENIT	OE L	コロストナロ				
rsue its statutor luntary and there										TEALITI				
ocal No. 2033-09 CERTIFICATE OF DEATH State No														
	THE RECOR	DS IN THIS SEF	RIES ARI	E CONFIDENTIAL PER	R IC 16-37-1-	-10								
PE/PRINT	1 DECEASED-NAME (First Middle, Last)								£Χ	3a TIME OF DEAT	DEATH 36 DATE OF DEATH (Monde Day Y/)			
IN	Nelson Eugene Seaton								male	7:35P,	7:35P _M August 16,			
RMANENT	4. *SOCIAL SECURITY NUMBER			AGE—Last Birthday (Years)	56 UNDER 1 YEAR				⊣	OF BIRTH (Mo. Dig. Yr)	7 BIRTH	HPLACE (City and State	or Foreign Country)	
LACK INK	344-12-1818			81	Months	Days	Hours	Minutes	08-	05-1923	Mo	unt Carm	nel, IL	
	84 WAS DECED			VEAR LAST SERVED IN US ARMED FORCES?			9e PLACE OF DEATH (Check only one See instructions)							
	Yes	MAIN!		1946	HOSPITAL Kinpetient				OTHER Nursing Home Other (Specify)					
-0.50.51.5	163			1740	☐ ER/Outpatient ☐ DOA					☐ Residence				
	96 FACILITY NAME (If not institution, give street and number) 9c								CITY TOWN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH					
CEDENT	St An	thony	ical Cen	cal Center C				own	Point	L	Lake			
	10 MARITAL STATUS 11.			VIVING SPOUSE fe, give meiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)					KIND OF BUSINESS/IN	IDUSTRY			
	Married R			osalie Donley Sin				imons Mattress						
	13. RESIDENCE—STATE In			COUNTY 13c. CITY, TOWN, OR L						13d. STREET AND NU	MEER			
				ake	Cedar Lake					12613 1	Hilltop Ave.			
	136 ZIP CODE 13f. INSIDE CIT			14 CITIZEN OF WHAT COUNTRY	15 WAS DECEDENT OF HISPANIC ORI				4	RACE—American Indian. Black White etc.	1	17 DECEDENT'S EDUCATION (Specify only highest grade completed)		
i	46303				Mexican, Puerto Rican, etc.)				Julian.	(Specify)	Fagure Ott	sry/Secondary (0-12)	College (1-4 or 5 +)	
		13g ON A FARM?		USA						White	ال	12		

ARENTS

FORMANT /

ERTIFIER

EALTH FFICER

Ede DUE TO (OR AS A CONSEQUENCE OF)

FD2010062

216 DATE AND PLACE OF DISPOSITION (Name of cemetery, crema other place) August 20, 2004

Chapel Lawn Memorial Gardens

JUN 3 0 2005 STEPHEN R. STIGLICH

WAS DECEDENT
PREGNANT OR 90 DAYS
POSTPARTUM7
(Yes or no)

19 MOTHERS NAME (First Middle Merden Surame)
Dolly Phillips

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To

12613 Hilltop Ave. Cedar Lake, IN

own State Zip Code)

12901 Wicker Ave Thedar Lake

7.3

الكرا

21c. LOCATION-City or Town, State

Schererville, IN

ON PROPERTY AND PR

284 WAS AN AUTOPSY

23 WAS DEATH REPORTED TO CORCNER?

is where The Fundan Funeral Home FH8300246

25 NAME ADDRESS AND CENSE NUMBER OF ELINERAL HOME

286 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

20c Relationship

Wife

Approximate Interval Between

Onset and Death

CERTIFYING PHYSICIAN TO the BLANE GOUNTY AUDITOR

HEALTH OFFICER On the basis of e CORONER

296 SICHATURE AND TITLE OF CERTIFIE 30 NAME AND ADDRESS OF

01039302

AIS OF THE ABOVE SATIRUE AN

BERNARDO S. (DATE FILED 33 MANNER OF DEATH 346 TIME OF 34c INJURY AT WORK? 34 DATE OF INJURY 344 DESCHIBELHOW INJURY OCOL (Month, Day, Year) YAULM Netural Plending Investigate (Yes or no) Accident 34e PLACE OF INJURY --building etc (Specify) At home, farm, street, factory, office 34F LOCATION (Street and No Sucide Could not to CS

34g DATE PRONOUNCED DEAD (Month, Day, Year)

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify di

002541