## INDIANA STATE BOARD OF HEALTH

CSHarkdoshift Lake Whitch gave rise to the immediate cause. stating the underlying cause lest  FEB 2 6 1992  DUE TO (OR AS A CONSEQUENCE OF).	Local NoQ.	453-92			CERTIFICAT	TE OF T	EATH	†	State	No	••••••	••••
PERMANENT 5 STOCKED SCHOOL TO COME TO STATE A DESCRIPTION OF THE ADMINISTRATION OF THE STATE OF	TYPE/PRINT	1 DECEASED—NAME (First Middle, Last)						2. SEX 3a. TIME OF DEA		TH   3b. DATE OF DEATH (Month, Day, Yr.)		
BLACK INK    Mark Sections   M					<del></del>							
DECEDENT  NO  N/A  NO  N/A  DECEDENT  Set PACHY WAS GOT presented and set of the present of the		311-22-2011	(Year:	70			Minutes	Sep. 6	, 1921	Hillside		ntry)
DECEDENT  S. PACIDITY MANK of monomenage pay arranged anneadod S. L. Anthhony Nutrasing Home  A MARKA STATUS  S. L. ANTHHONY NUTRAING HOME  S. L. ANTHHONY NUTRAING HOME  S. L. ANTHHONY NUTRAING HOME  A MARKA STATUS  IN SERVICE AND A LOCAL STATE  IN SERVICE AND A LOCAL STAT			U.S. ARMED	SERVED IN FORCES?	HOSPITAL: Inpe	ktient	9a.	·				
St. Anthony Nursing Rome  (In Morth, 1974)  (In										Curer (Specify)		
TAKE IN COUNTY IN THE COUNTY TOWN OR LOCATION  IN MAJERIAN ADDRESS IN MAJERIAN TOWN OR COUNTY ON THE COUNTY OF THE STATE OF THE COUNTY OF THE	DECEDENT	St. Anthony N		Crown Point		Point	Lake					
Indiana LAKE  15 # 20000 13 Hosted On Livering 14 Circles or which Columns 15 Hosted On Livering 14 Circles or which Columns 15 Hosted On Livering 14 Circles or which Columns 15 Hosted On Livering 1		10. MARITAL STATUS (Specify) Married  11. SURVIVING SPOUSE (If wife, give melden name) Edgar Hogan			n	IT'S USUAL OCCUPATION (Give kind of world ag most of working life. Do not use retired)  ME Maker			Own Home			
14 202 CORE   IN MICHIGAT CITY, UNITE 14, CHIZEN OF 18 WAS CONTROL   IN MACE COUNTY   IN		1										
### 46.522											······	
PARENTS    18 FAINUTS STAME FOUR Modes (and   12   13   14   15   14   14		46322 No XYes WHAT COUNTRY?			? X□ No □	specify Cuban. Blac		k, White, etc.	(Specify only highest grade completed)			
Frank Alexander    Site Notinewith State (1) part of the special p		ZNo □ Yes U.S.A.			мехісан. Риепо	Whit		ite	8	/Secondary (0-12)   College (1-4 or 5 + )		
Bigar Hogan   Between   Be	PARENTS		-				First, Middle, Meiden S		ilable			
It is AFTOO OF DESCRITOR   Elevation   Pleanwark to Blank   Pleanwark   Pleanwark to Blank   Pleanwark	INFORMANT		Print)		II							
DISPOSITION  DISPOSITION  DISPOSITION  DISPOSITION  Tale Development (Specify)   Fairmount Cemeterry   Central City, Kentucky   Pairmount Cemeter   Pairmount Cemeterry   Central City, Kentucky   Pairmount Cemeter   Pairmount	-		Entombment		<u> </u>				•	· · · · · · · · · · · · · · · · · · ·		
DISPOSITION  222. EMBALMERS NAME  ROAD 101081  232. MAS DEATH REPORTS TO CORRORS  ROAD 102 101081  233. MAS DEATH REPORTS TO CORRORS  ROAD 102 101081  234. MAS DEATH REPORTS TO CORRORS  ROAD 102 102 102 102 102 102 102 102 102 102		□ Burial □ Cremation □ Removal from State other place) February 29, 1992							2	·		dere
A SIGNATURE OF ENERGY DIESENS AND LICENSE NUMBER OF CONTROL OF ENERGY PACIFICATION OF ENERG	DISPOSITION	rainibuit celletery cellet									.cy, nemuc	<u>, v à                                    </u>
CAUSE OF REATH  CALISE		Ronald A. Reed	£		FDO 10	01081	t 18		X No			
CAUSE OF DEATH OFFICER  THE WITH THE LAKE COUNTY DUE TO GR AS A CONSEQUENCE OF DEATH OFFICER  THE WITH THE LAKE COUNTY DUE TO GR AS A CONSEQUENCE OF DEATH OFFICER  THE B 2 6 1992  PART IL Other significant conditions - Conditions contributing to death but not previously stated in Part.  THE B 2 6 1992  PART IL Other significant conditions - Conditions contributing to death but not previously stated in Part.  THE B 2 6 1992  PART IL Other significant conditions - Conditions contributing to death but not previously stated in Part.  THE B 2 6 1992  PART IL Other significant conditions - Conditions Conditions Contributing to death but not previously stated in Part.  THE B 2 6 1992  PART IL Other significant conditions - Conditions Contributing to death but not previously stated in Part.  THE B 2 6 1992  PART IL Other significant conditions - Conditions Contributing to death but not previously stated in Part.  THE B 2 6 1992  PART IL Other significant conditions - Conditions Conditions - Conditio		24e. SIGNATURE OF FUNERAL DI	RECTOR	NO	TOF	(of Licensee)		Kuip	er Funera	1 Home <b>OO</b>	9 Kleinman	
CAUSE OF DEATH  TO PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus. Condens contributing to death but not previously stated in Part.  PART II. Other significant conclorus.	7							-	piratory	 .>		
CAUSE OF DEATH  OFFICER  CORONER  USE ONLY  CORONER		JUHS SECTIONS THE ABO	OVE IS A TRU	Fritze Colon					, -			
Color only  Due to (OR AS A CONSEQUENCE OF)  PART IL Other significant conditions - Conditions contributing to death but not previously stated in Part IL  PART IL Other significant conditions - Conditions contributing to death but not previously stated in Part IL  PART IL Other significant conditions - Conditions contributing to death but not previously stated in Part IL  POSTIPARTUR  (Ves or no)  288. WAS AN AUTOPSY PROTINGS AVAILABLE PRIOR TO THE DESTINATURE OF CAUSE STRENGTH OF TO CANDING Only Desire of cause (a) and married due to the caus	CAUSE OF	dependent to description ( )	OR AS A CONSEQUENC			_						
DUE TO (OR AS A CONSEQUENCE OF)  PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.  PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.  PROCEDENT PROCESSATION OF PERFORMED PROSTORATION OF CAUSE PROPOSED PROPORTION OF CAUSE PROP	BEATH	Collamank if and which gave	OR AS A CONSEQUENC	AS A CONSEQUENCE OF):					· · · · · ·			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.  27. WAS DECEDENT PRECINANT OF 90 DAYS PERFORMED? (Yes or no)  28. WAS AN AUTOPSY PRODUCE AVAILABLE PRIOR TO PRODUCE TO PRODUCE (Yes or no)  29. DESTINABLE PRIOR TO CAUSE DEATH Yes only)  29. DESTINABLE PRIOR TO CAUSE DEATH Yes only)  29. DESTINABLE PRIOR TO PRODUCE (Check only one)   HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as instead.   Inc.  290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 50) (Types/Pring)  10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 50) (Types/Pring)  11. HEALTH OFFICER SIGNATURE  32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 50) (Types/Pring)  13. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 50) (Types/Pring)  14. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 50) (Types/Pring)  15. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 50) (Types/Pring)  16. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 50) (Types/Pring)  17. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 50) (Types/Pring)  18. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 50) (Types/Pring)  29. MEDICAL LICCNSE NO.  290. SIGNATURE  290. SIGNATURE  291. MARK AN AUTOPSY PRODUCE (LICCNSE NO.  292. MEDICAL LICCNSE NO.  293. DATE FILED (Month, Day, Year)  294. DATE FILED (Month, Day, Year)  295. SIGNATURE  296. MEDICAL LICCNSE NO.  296. DATE FILED (Month, Day, Year)  296. MERCALUTOPSY PERFORMED  297. DATE (THE CAUSE OF TOWN PERFORMED  298. MARK AN AUTOPSY PERFOR	80	stating the underlying cause last	c	DUE TO (C	OR AS A CONSEQUENC	DE OF):	1				<del></del>	
220d_DESTRABUNTY HEALTH OFFICER On the best of my knowledge death occurred in the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER On the best of my knowledge death occurred in the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER On the best of my knowledge death occurred in the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER On the best of my knowledge death occurred in the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER On the best of my knowledge death occurred in the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER On the best of my knowledge death occurred in the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER On the best of my knowledge death occurred in the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER OFFICER ON the best of examination and/or investigation, in my opinion, deeth occurred at the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER OFFICER OFFICER OFFICER ON the best of examination and/or investigation, in my opinion, deeth occurred at the time, date, and place, and due to the cause(a) as stringd.  220d_DESTRABUNTY HEALTH OFFICER OF	4 + 1									-		
CERTIFIER  29b. SIGNATURE AND ITTLE OF CERTIFIER  29c. MEDICAL LICENSE NO. 29d. DATE SIGNED (Sprint) Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)  HOWARD M Mishoulam, MD 9725 Prarie Highland, Indiana 46322  31. HEALTH OFFICER'S SIGNATURE  31. HEALTH OFFICER'S SIGNATURE  32. PATE FILED (Month. Day, Year)  33. MANNER OF DEATH  Natural Pending Investigation  Accident  Natural Pending Investigation  Accident  Suicide Could not be Determined  34e. PLACE OF INJURY Attention from four street and Number or Rural Route Number. City of Town. State)  Determined  34f. LOCATION (Street and Number or Rural Route Number. City of Town. State)	Add Add A ba	alexander J.	Many p	Z			PREGNAL POSTPA (Yes or	NT OR 90 DA RTUM? no)	YS PERFORME	D? A\	AILABLE PRIOR TO IMPLETION OF CAUSE	3
CERTIFIER  29b. SIGNATURE AND ITTLE OF CERTIFIER  29c. MEDICAL LICENSE NO. 29d. DATE SIGNED (Sprint) Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)  HOWARD M Mishoulam, MD 9725 Prarie Highland, Indiana 46322  31. HEALTH OFFICER'S SIGNATURE  31. HEALTH OFFICER'S SIGNATURE  32. PATE FILED (Month. Day, Year)  33. MANNER OF DEATH  Natural Pending Investigation  Accident  Natural Pending Investigation  Accident  Suicide Could not be Determined  34e. PLACE OF INJURY Attention from four street and Number or Rural Route Number. City of Town. State)  Determined  34f. LOCATION (Street and Number or Rural Route Number. City of Town. State)	1 2 40 X				A STATE OF THE STA	AND THE PARTY AND A SECOND						
CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  296. MEDICAL LICENSE NO. 29d. DATE SIGNED Option: Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print)  HOWARD M Mishoulam, MD 9725 Pranie Highland, Indiana 46322  31. HEALTH OFFICER'S SIGNATURE  32. DATE FILED (Month, Day, Year)  33. MANNER OF DEATH  34a. DATE OF INJURY  (Month, Day, Year)  34b. TIME OF 34c. INJURY AT WORK? 34d. DESCRIBE HOW INJURY OCCURRED  Natural Pending Investigation  Accident  Suicide Could not be Determined  34e. PLACE OF INJURY A from fagn. 5 of activities and Number or Rural Route Number. City of Town. State)  Determined	9 Z #										stated-T	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IFEM 25) (Type/Print)  HOWART M Mishoulam, MD 9725 Prarie Highland, Indiana 46322  31. HEALTH OFFICER'S SIGNATURE  32. DATE FILED (Month. Day. Year)  33. MANNER OF DEATH  34a. DATE OF INJURY  (Month. Day. Year)  34b. TIME OF INJURY AT WORK? (Yes or no)  Natural Pending Investigation  Accident  Suicide Could not be Determined  34e. PLACE OF IN. RY—A normalisary, Stat. acts. Ce 34f. LOCATION (Street and Number or Rural Route Number. City on Town. State)				Dadie of Gariffic	DOM BINDYON WITH BASING BUILDING	in my opinion, de	aur occurrec	W.			701.	(ear)
HEALTH OFFICER'S SIGNATURE  31. HEALTH OFFICER'S SIGNATURE  32. DATE FILED (Month. Day. Year)  33. MANNER OF DEATH  34a. DATE OF INJURY  (Month. Day. Year)  34b. Time OF  (Natural Pending Investigation Accident  Suicide Could not be Determined  34e. PLACE OF INJURY As non Margn. Sale act Ce  34f. LOCATION (Street and Number or Rural Route Number. City of Town. State)	İ	M The	3		E		<i>]</i>		3350	2前里 🕏	7. 26	
ASSOCIATION (Street and Number or Rural Route Number. City of Town, State)  31. HEALTH OFFICER'S SIGNATURE  32. DATE FILED (Month, Day, Year)  33. MANNER OF DEATH  34a. DATE OF INJURY  34b. TIME OF INJURY  34c. INJURY AT WORK?  (Yes or no)  34d. DESCRIBE HOW INJURY OCCURRED  34d. DESCRIBE HOW IN	J				(AV.)	IANP	hland	. Indi	ana 463	~		
33. MANNER OF DEATH    Natural   Pending Investigation   Accident   Suicide   Could not be Determined   Determined   Homicide   Could not be Determined   Could not be Determi		31. HEALTH OFFICER'S SIGNATUR	a Opel	endis	DV:01:	7 247)			100		J	1590
CORONER USE ONLY  Investigation  34e. PLACE OF INLEX—Attention Black, and activate the building, etc. (Specify)  34f. LOCATION (Street and Number or Rural Route Number. City or Town, State)  building, etc. (Specify)		33. MANNER OF DEATH			34b. TIME OF	34c. INJI		ORK? 3	14d. DESCRIBE HOW	INJURY OCCURRED	0	Ī
CORONER USE ONLY  Suicide Could not be Determined  Could not be Determined  34e. PLACE OF IN PRY—Attendmentary. Suicide Specify)  34f. LOCATION (Street and Number or Rural Route Number. City or Town. State)		Investigation										
(2)		Suicide Could not be			RY — Panome farm, selfo cify)	ce		34f. LOCATIO	ON (Street and Numbe	er or Rural Route Number	City Town, State)	
A - A - A - A - A - A - A - A - A - A -		<u></u>	Month. Day, Year)	34h. MOTOF	MARACCIDENT	()(46 cno) If s	yes, specify	driver, passeng	er, pedestrian, etc.		13/05 -	

005931

SBH06-004 State Form 10110 (R2/3-89) AKE COUNTY AUDITOR

Prescribed by the State Board of Accounts (2005) County form 170

## Document is NOT Declaration CIAL!

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

HUGH D. BRAUER
Printed Name of Declarant