620071635
* ATTENTION ESTATE: The Social Security # is
being requested by this state agency in order to
pursue its statutory responsibility. Disclosure is
voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

1 DECEASED-NAME (First, M	iddle, Last)	_			2 SEX	3a	TIME OF DEATH	1		•
Jame		Joseph	Fitzpa	atrick	Male Male	E OF BIRTH (3:05 P _M			1999 or Fareign Country)
T 4. *SOCIAL SECURITY NUMBER -9028	(Year:	74	Months Days	Hours	Minutes Aug	ust 28	3, 1924		-	Ireland
88. WAS DECEDENT A U.S. VETERAN?	86. YEAR LAST US. ARMED I	FORCES?	HOSPITAL Inpet	Dutpatient		OTHER	(Check only one Nursing Home Residence	Other (Specify))	
96 FACILITY NAME (If not institute 8947 Pettit I		number)	<u> </u>		9c CITY TOWN	OR LOCATION		9d COUNTY Lake		
10. MARITAL STATUS 11. SURVIVING Married Mary		y McNicholas		12e DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do.not use retired) Baring Machinist			12b. KIND OF BUSINESS/INDUSTRY Steel Co			
13. RESIDENCE—STATE Indiana	136. COUNTY Lake		13c CITY TOWN OR Highlar				TREET AND NUM 147 Pett			
13e. ZIP CODE 13f. INSIDE CI	Yes W	es WHAT COUNTRY? Aferican		DENT OF HISPANIC ORIGIN? Yes (If yes, specify Culliferto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify)		1.ZDECEDENT'S EDUCATION (Spacify only highest grade completed) Elementary/Secondary (0.12) College (1.4 or 5		
46322 X No [yes US	SA			19 MOTHER'S	White	Middle Maiden St	10)	Some of the state
Robert	Fitzpatı	rick			Ann	_	_	eighton		
20m. INFORMANT'S NAME (Type			206 MAILING 8947	Pettit	reet and Number of	or Rural Route	Number, City or T	own state zip cod na 46322	(e) 20c i	Relationship ife
21a. METHOD OF DISPOSITION Buriel Cremation	Entombment	m State	21b. DATE AND PLACE other place)		ON (<i>Name of cen</i> 22 , 1 99		ory, or 21	c LOCATIONC	ty or Town.	State
☐ Donation ☐ Other (Spec					emorial		ens S	Scherery	ille,	Indiana
220 EMBALMERS NAME Henry Blake	2		PDO 101	9406			DEATH REPORT	ED TO CORONER?	,	
24e. SIGNATURE OF FUNERAL D	IRECTOR	2	245. L	(of Licensee)	ER 25	NAME ADD	RESS. AND LICEN	NSE NUMBER OF F	FUNERAL HO	MEFH83003
Sunde	o Ste		i							
1		his	cumenF	0 1006						
26. PART I Enter the disea arrest, shock, of	ses, injuries, or com- r heart failure. List o	only one cause or	used the death Do not en	ter nonspecific t	015 2	828 Hi	ghway A			Approximate interval Between Onset and Deat
28. PART I Enter the disease arrest, shock of IMMEDIATE CAUSE (Final disease or condition resulting in death)	ses. Injuries, or come r heart failure List of	only one cause or	used the death Do not en	lter nonspecific to	015 2 erms. such as card	828 Hi	ghway A	Ave High		IN. 4632 Approximate Interval Betwee
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