* ATTENTION ESTATE: Disclosure of the
SS# we need to pursue our responsibilities
is voluntary and there will be no penalty
for refusal.* 11/5 - 10
is voluntary and there will be no penalty for refusal.*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

PE/PRINT			ERIES ARE			.10 10-1, 18	9-3									
IN RMANEN	JACK CARTER	First, Middi	ie, Last)					- 1	sex fale		a. TIME OF DEA	тн	36. DATE OF DEFINITION TO THE PROPERTY TO THE		Day, Yr.)	
LACK INK	SOCIAL SECURITY NU	MBER	5a. AGE - La (Years)	ast Birthday	5b. UNI	DER 1 YEAR Days	5c. UNDER		6. DATE	OF BIRTH	(Mo., Day, Yr.)			City and State	or Foreign Country)	
	339-32-3976 8a. WAS DECEDENT 8b. YE		65 EAR LAST SERVED IN		Wilding	Days	Hours	Minutes Aug		t 29, 19		_ 0	Dayton Ohio			
			U.S. ARMED FORCES?		HOSPITAL: X Inpatient			PLACE			(Check only one See instruction THER Nursing Home		ions) Other (Specify)			
	No 9b. FACILITY NAME (If not institution, give street and number)					ER/Outpatient DOA Residence						_	Coner (specify)			
COENT	i		give street and	number)				9c. CITY,	TOWN, OR		N OF DEATH		9d. COUNTY	OF DEATH		
EDENT	The Community Hospital 10. MARITAL STATUS 11. SURVIVING SPOUSE					Munster							Lake			
	Married Linda Hicks 13a. RESIDENCE - STATE 13b. COUNTY			SE name)	Electrical Busines							l _	12b. KIND OF BUSINESS/INDUSTRY Owner Operator			
	Indiana	Į.		13c. CITY, TOWN OR LOCATION Lowell					t	13d. STREET AND NUMBER						
		ITY LIMITS	14. CITIZE	N OF	OF 15.WAS DECEDENT OF HISE					5109 W. 154th Ave.						
و		□No	No XYes WHAT		COUNTRY	?		(If yes, specif	f yes, specify Cuban,		Black, White, etc. (Specify)		n. 17. DECEDENT'S EDUCATION (Specify only highest grade completed)			
<i>.</i> .∞			ON A FARM?			Mexic	Mexican, Puerto Rican, etc.)			(Elementary/Secondary (0-12) College (1-4 or			
Ŏ	18. FATHER'S NAME (First.	X No Middle 1s		U.S.A.		<u> </u>		T		Whi			11	್ಷ		
ENTS Ŏ	Hewlett Carter								er's name Coultie		ddle, Maiden Sum	iame)		S		
RMANT.	20a. INFORMANT'S NAME	(Type/Prin	1()			20b. MAILING	ADDRESS (S	treet and Nur	nber or Rura	l Route Nu	ımber, City or To	wn, State	State, Zip Code) 20c. Relationship			
	Linda Carter					5109 W. 1	54th Ave.	Lowell, I	ndiana 4	46356				Wife		
1	21a. METHOD OF DISPOSIT	<u> </u>	Entombment		21b. DATE other	AND PLACE (OF DISPOSITION	ON (Name of	cemetery, c	rematory, o	or	21c. LC	CATION - City o			
$\overline{\Omega}$	Burial X Cremation Donation Other (Spec	Burial X Cremation Removal from State Februa									į.	2305	95 West 73rd St.			
9	22a. EMBALMER'S NAME					t Park Cem		natory					llville, India	ana 46410		
POSITION					22b.	EMBALMER'S	LICENSE NO.	ent	23		ATH REPORTED	TO CC	RONER?			
6,	N/A, .	AL DIREC	TOP	$-\!\!\!/-$	-N/A	latter the	ENSE NUMBE		. 10				•			
60	26. PART I Enter the disagrest shock	eases, inju	ries, or complic	and is that	caused the c	FD202	of Licensee) 200096		7535	n <mark>et</mark> Park Taft St.	ESS, AND LICEN K Funeral Cl Merrillville	napel	FH104000	32	Approximate	
AUSE OF	IMMEDIATE CAUSE (Final disease or condition	e La t after ex	extubation Recorder! COPY OF LAKE CO						OF TH	THE STHE ABOVE IS A THUE WHEN CHINE THE CERTIFICATE OF DEATH OPPRECIALLY HEALTH DEADTMENT.						
	resulting in death)		DUE TO (OR AS A CONSEQUENCE OF): Brain stem infarction					FILE								
SE OF		E							_				Services Leadure	600 20	5 whereit	
LH -	Conditions, if any, which gave rise to the immediate cause	Ł				EQUENCE OF)):			7.			EEB ^O	E8 -20	07 응 경돌	
	Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	c t	Cerebra	llar ede	ma				LE		TOTAL STREET,		EEB®	E8 20	07 3 75	
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