SDH06-004 State Form 10110 (R5/1-99)

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10												
TYPE/PRINT	1. DECEASED-	-NAME (First, M	iddle, Last)				2. SEX 3a. TIME (3a. TIME OF DEATH	H 3b. DATE OF DEATH (Month, Day, Yr.)		
IN		Robert	E. I	Hutton			l _M l		6:35 A M	January 8 2007		
PERMANENT	4. *SOCIAL SEC	CURITY NUMBER		5e. AGE—Last Birthday	56. UNDER 1 YEAR	Sc. UNDER					v and State or Foreign Country)	
BLACK INK	709/14	//021		(Yeers)	Months Days	Hours	Minutes	Noy. 9	19:22	Hammon	d In	
DEAON IN	308/14/	DENT		84 AR LAST SERVED IN					ATH (Check only one. S)	
	A U.S. VETER	RAN?	U.S. ARMED FORCES?		HOSPITAL: Inpatient		OTHER: Nursing Home		Nursing Home	Other (Specify)		
	Yes		WW TT		ER/Outpatient 🔲		DOA	DOA Residence				
	96. FACILITY N	AME (If not institut	ion, give s	treet and number)	9c. CITY, TOWN, OR LO				ATION OF DEATH	9d. COUNTY O	F DEATH	
DECEDENT	St. Margaret/Mercy Health Ca				are Cntr. Dve			70 m	r		Lake	
	10. MARITAL ST			RVIVING SPOUSE life, give meiden name)	12a DECEDEN		NT'S USUAL OCCUPATION (Give kind of wor		(Give kind of work		SINESS/INDUSTRY	
	(Specify) Marı	ried		we.give meiden name) Margaret Pr			uring most of working life. Do not use reti		ot use retired)	Designer		
	13a. RESIDENCE		13b. C0		13c. CITY, TOWN, OR LOCATION				d. STREET AND NUME		<u> </u>	
	In.		١,	. 1	111		16		220 Merai	ne Avew		
	13e. ZIP CODE 13f. INSIDE CIT		Lake I		Hammond 15. WAS DECEDENT OF HISPAN				-American Indian,	17. DECEDENT'S EDUCATION		
			Yes WHAT COUNTRY		□ No □ Yes (if yes.		specify Cuban, Black, White		White, etc.			
					Mexican, Puerto f	lican, etc.)		(Specify	fy) (lementary/Secondary	y (0-12) College (1-4 or 5 +)	
	46324	12 No □	Yes	USA	No_			l w	·		5+	
PARENTS 18. FATHER'S NAME (First, Middle, Last) 19. MOTHER'S NAME (F									irst, Middle, Maiden Sur	name)		
-·- <u>-</u>	Wi11	William Hutton				Gretchen Ba				auer		
INFORMANT	20a. INFORMAN				20b. MAILING	ADDRESS (St			ute Number, City or To	wn. State, Zip Code)	20c. Relationship	
	Margar	et Hutt	on		6220 1	Moraine	Ave.	Hammo	nd. In. 4	6324 🖺	-Wife	
	21a. METHOD O	F DISPOSITION	☐ Ent	ombment	216. DATE AND PLAC					LOCATION—City		
	X Buriel	☐ Cremetion	Ren	noval from State	other place)	Jan.	11,	2007		The Trans		
	☐ Donation	Other (Speci	fy)	/ II	Oak Hill				ū	ammond.		
DISPOSITION	22a. EMBALMER	S NAME:			22b. EMBALMER'S		15	23. W	AS DEATH REPORTE		Life	
0.01 0011.014	G 117			NIO	10126	110	TA	T	₽ No □ Yes	12 Byr.	387	
	24a, SIGNATURE				24b L	ICENSE NUMBI	R	25. NAME A	DDRESS AND LICEN	SE NUMBER OF FUN		
	(of Licensee)											
	1.	11/1/1/	100	2000	ument is		rop					
	<u> </u>	wy		the L	ike Cou	013612	cor	1 (-) 1 10 (11)	Hohman Av	e Hammor	1d, In 46320	
	26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory Approximate arrest, shock, or heart failure. List only one cause on each line.											
,			,	٠.		7 .	,				Onset and Death	
	IMMEDIATE CAU		DUE TO (OR AS A CONSEQUENCE OF)									
CAUSE OF	resulting in death)											
DEATH	Conditions, if any,	which gave		DUE TO (C	PAS A CONSEQUENC	E OF):						
တ္ဆ	rise to the immedia	ite cause.		CVA								
HVICOS diana HWY. 46307	cause last	mg		// ~ .	R AS A CONSEQUENC	E OF):						
diana diana Hwy. 46307				a Kistary	hoy Var	inge	W C	ZA				
tewart Titlo Ser of Northwest Ind The Pointe 5521 W. Lincoln Grown Point, IN 4	PART II. Other sig	nificant conditions	- Condition	ons contributing to death b	at not previously stated in	Part I.	. WAS DE	CEDENT	28e. WAS AN AL	ITOPSV 285 V	WERE AUTOPSY FINDINGS	
E S C E E					7111	III	PREGNA	NT OR 90 DA	YS PERFORMED)? A	VAILABLE PRIOR TO	
TEE> C					TUDE	USON	POSTPA (Yes or		(Yes or no)		COMPLETION OF CAUSE OF DEATH? (Yes or no)	
ewart Titlo of Northwest The Poi 5521 W. Linc Grown Point,		>			Tr. O'C.					ļ		
Stewart Titlo of Northwest The Poi 5521 W Linc Crown Point,	29a. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.											
03	(Check only one) MEALTH 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 stated.											
j	CORONER 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) and manner as stated.											
	296. SIGNATURE	AND TITLE OFF	EATIFIER		10	117			MEDICAL LICENSE NO		ATE SIGNED (Month, Day, Year)	
CERTIFIER	C	LB		me	W)	ANATHI		Lou	25591		1-9-070	
Ī	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)											
	Dr. Stemer 919 Main St. Dver In										11 2	
. <u>.</u>	31. HEALTH OFFIC		мати эт. п	THIS CE				Tuo ortal	22.64	35 51 50 1		
HEALTH DFFICER								THIS CERTIFIES	COPY OF THE CENTIFICATE OP DEATH ON SILE WITH THE A			
<u> </u>	33 MANNED OF C	DEATH		34a DAT OF IN. RY							TOO /	
1	33. MANNER OF DEATH 34a. DAT OF IN. RY (Mod. Day, an) 34c. INJURY AT WORK? 34d. DESCRIBE HO								40 DESCRIBE HOW IF	чтону оссовнео		
	☐ Natural	Pending					-		10 N 0 0 1007			
1	Accident	Investigation							AWA & A COOL			
- 0	Suicide	☐ Could not be		34e. PLACE OF INJURE building, etc. (Dolo	~ 1 7 つ 1 1 1 7 1 1 1 7 1 1 1 1 1 1 1 1 1	, factory, office	j	34f. LOCATIO	N Street and Number	or Rural Route Numb	er. City or Tower State)	
217.00	Homicide	Determined				1 (2001				ME COUNT		
F Black				DECEVER	TNA					Sand Sand Sand		
' ' '	34g. DATE PRONC	DUNCED DEAD (Month, Da	y Year S TELLER INCHES	LEINGACKEAT	UNAno) #	yes. specify	driver, passenge	er. pedestrian, etc.	m	6454	
· [LAME COL	JNTY AUDI						1	