\	2781-9	् INDIANA S	TATE DEP	ARTMENT OF	F HEALTH			
Local No	~ / 0/ - / <	Ž	CERTIFICAT	E OF DEATH	State	No		
	THE RECORDS IN THIS SE	RIES ARE CONFIDENTIAL PE	R IC 16-1-19-3					
TYPE/PRINT	1 DECEASED—NAME (First, Mir		.h	2. SEX	3a. TIME OF DEA			
IN PERMANENT	4 SOCIAL SECURITY NUMBER	11iam M. Buc	hanan	Male	e 3:30 A	December 7. BIRTHPLACE (City and Sta	2, 1993	
BLACK INK	400-30-6157 (Years) 66		Manufa Davis Using Manua		ar. 20, 1927	l .	Livermore, Kentucky	
	8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check of			v one. See instructions)		
	YES 1947		ER/Outpatient DOA			OTHER: Nursing Home Other (Specify) Residence		
DECEDENT	9b. FACILITY NAME (If not institution, give street and number) 810 N. Indiana		9c. CITY, TOWN.		NN OR LOCATION OF DEATH Griffith	9d. COUNTY OF DEATH	9d COUNTY OF DEATH	
	10. MARITAL STATUS 11. SURVIVING SPOUSE				Lake			
	(Specify) Married	(If wife give maiden name) Zalpha Kay N	elson 12a DECEDENT'S USUAL OCCUP! done during most of working life. Roofer		king life. Eo not use retired)		12b. KIND OF BUSINESS/INDUSTRY Roofing Co.	
	13a. RESIDENCE—STATE 13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND N			
	Indiana Lake 130. ZIP CODE 131 INSIDE CITY LIMITS 14 CITIZEN OF		Griffith		810 N.	Indiana	diana	
	46322 No X		15. WAS DECEDENT OF HISPANIC ORIGIN? AN □ Yes (If yes, specify Cubar		1	17. DECEDENT'S (Specify only highest		
	13g. ON A FARI		Mexican, Puerto F	lican. etc.)	(Specify)	Elementary/Secondary (0-12)	College (1-4 or 5	
PARENTS	18. FATHER'S NAME (First Middle.		<u> </u>	19. MOTHER	White R'S NAME (First Middle, Maiden			
	Harrison Buchanan Myrtle Downs							
INFORMANT	20b MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip Code) 20c Relationship 210 N. Indiana Griffith, Indiana 22c Nelationship 22c Relationship							
//	21a. METHOD OF DISPOSITION							
DISPOSITION	Burial Cremation Removal from State other place)						Oldic	
		y)		Park Cemeter	Y	Mergillville,	Indiana	
	Edgar Gleim		226 EMBALMER'S	016173	23. WAS DEATH REPOR	-		
	248. SIGNATURE OF FUNERAL DIRECTOR 240. LICENSE NUMBER 25. NAME. ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME							
	Kuiper Funeral Home 9039 Kleinman Ro							
اِ	Ahreng	Dell'is Doct				liana FDH 300	-7500	
CAUSE OF DEATH 97 197	26. PART I. Enter the globase arrest, shock, or	es, injuries, or complications that cau heart failure. List only one cause on	sed the death. Do not ent each line.	er nonspecific terms, such as ca	SOMPLE IS SOF	ing of the property Of the Logical states	Approximate Interval Between	
	IMMEDIATE CAUSE (Final	· mysca	7 deal lu facter 1		DEATH ON AND	Tin Salar	Onset and Death	
	disease or condition resulting in death)	Chiman	R AS A CONSEQUENC	E OF):		Trippe to		
	Conditions, if any, which gave rise to the immediate cause,	DUE TO (O	A CONSEQUENC		and a second of the second of			
	stating the underlying cause last	c. DUE TO (O	R AS A CONSEQUENCE	E OF):		- 08 1998 O		
		d.			The state of the s	The same of the sa		
1 2 4	PART II. Other significant conditions	- Conditions contributing to death bu	ut not previously stated in	ZI. WAS DECEL	DENT 288 WAS AN	AUTOESY 286 WERE AU	TOPSY FINDINGS	
0	Wester melle	ics, Type -		PREGNANT POSTPARTU	UM? (Yes of Re		ION OF CAUSE	
0 1 1 ×			July DER	(Yes or no) NO	LAKE COUNTY	ENGLEON MISSISSISSISSISSISSISSISSISSISSISSISSISS	î (Yes ar no)	
35 45 30	9a. CERTIFIER (Check only) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.							
15-26-01 Industrial kot 25 + 5 Block 2	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 stated. GRONER 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.							
- H - V	296. SIGNATURE AND TITLE OF CE		on and/or investigation. II	my opinion, death occurred at	29c. MEDICAL LICENSE		ED (Month, Day, Year)	
CERTIFIER	f 10	- / ×	ANDIAN INDIAN	VA min	01018389	14/3	193	
×	30 NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE O	F DEATH (ITEM 26) (THE	oo(Print)	1/ //	/2		
-FΔITH	31. HEALTH OFFICER'S SIGNATURE		, / 90	I'ME NO.	righlan	11) - L. J.	(Manth Day Y	

34a. DATE OF INJURY (Month, Day, Year)

DEATHCER/PD 1

34b. TIME OF INJURY

JUN

- 5 2007

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34d, DESCRIBE HOW INJURY OCCURRED

34f LOCATION (Street and Number or Rural Route Number, City or Tov

007401

HEALTH OFFICER

CORONER

USE ONLY

33. MANNER OF DEATH

SDH06-004 State Form 10110 (R3 / 3-92)

☐ Accident