ing requested by rsue its statutor	v this state age	ncv in order	to II	NDIANA S	TATE	DEP	ARTME	NT OF	HE	ALTH				
iuntary and there	will be no pena	olty for refusa	d	C	ERT	IFICAT	E OF E	EATH		State	No			
300	THE RECOR	DS IN THIS SE	RIES AR	E CONFIDENTIAL PE	ER IC 16-3	37-1-10								
/PE/PRINT	PRINT 1. DECEASED—NAME (First, Middle, Last) 2. SEX 38. TIME OF DEATH 36. DATE OF DEATH (Month.												eh. Day, Ye.)	
IN	OZELLA. MCHARGUE								1ALE 5:05 PM		M SEPTEMBER 22, 2004			
:RMANENT	4. *SOCIAL SECURITY NUMBER 5a. AGE—Last Birthday					5b. UNDER 1 YEAR 5c. UNDER 1				SIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)			
LACK INK	295-32-4	450		67	ths Days	Hours	Minutes FH	"FEBRUARY 27, 1937		CORBIN, KENTUCKY				
	84 WAS DECEDE	NT		R LAST SERVED IN					LACE OF	DEATH (Check only on	ne. See instructions.)			
	NO		0.3. 2	N/A	HOSPITA	HOSPITAL: Inpetient			OTHER	E Nursing Home	Other (Specify)			
	96 FACILITY NAM	AE 146 and involved			☐ ☐ ER/Outpatient ☐ Di				WN OR LO	Residence	9d COUNTY O	NE DEATH		
CEDENT					E CE	CENTER SOUTH			ON LO	SCATION OF BEATH	LAKE			
	10. MARITAL STA (Specify)	TUS	11. SUR\ (If wif	VIVING SPOUSE le, give maiden name)			12a. DECEDER done duri	NT'S USUAL O	OCCUPATION (Give kind of work orking life. Do not use retired)		126. KIND OF BU	NDUSTRY		
	WIDOWED			/A				HOMEMAKER			OWN-HOME			
	13a. RESIDENCE—STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND N							
	INDIANA	A	L	AKE	DYER			1449 MEA			7779			
	13e. ZIP CODE	13f. INSIDE CIT	Y LIMITS Yes	14. CITIZEN OF WHAT COUNTRY	15. WA	S DECEDENT	OF HISPANIC (ORIGIN? specify Cuban.	,	CE—American Indian, sck, White, etc.	(Specify only highest grade completed)			
	46311	13g. ON A FARI		1	Mexican, Pue			pocky Coodin	(Spec				College (1-4 or 5 +)	
		13g. ON A FARI	U.S.A.						W.	WHITE	10	•		
\RENTS	18. FATHER'S NAI			I	<u> </u>			19. MOTHE	R'S NAME	(First, Middle, Maiden	Surname) بعربسر			
(HEIVI S	ARTHUR CATRON DORA WILLIAMS 20b. INFORMANT'S NAME (Type/Prind) 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. Relationship												Dalasia ashin	
FORMANT	RHONDA			MEADOW		YER.	IN 4631		- 1	AUGHTER				
7	21s. METHOD OF	McHARG	☐ Entor		011. 047									
/	١	_				ON (Name of cemetery, cremetory, or			21c. LOCATION—City or Town, State					
	Burial Cremetion Removal from State other place) SEPTEMBER 28, 2004 CHAPEL LAWN MEMORIAL GARDENS										SCHERERVILLE, INDIANA			
	220. EMBALMER'S	·					IN MEMO	KIAL G		WAS DEATH REPOR			, INDIANA	
SPOSITION				1270						D YNo □ Y		•	-	
	RICHARD MILLER FD20400030 Yes 246 SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH1020006													
	AN SIGNATOR		nector (11	X	1	(of Licensee)	1					**** I'III 02 00 00 0	
	FD20400030 FAGEN-MITLER FUNERAL HOME 8580 WICKER AVE. ST. JOHN. IN 4637											. IN 46373		
	26. PART I.	Enter the dises	es, injuries	or complications that car	used the de	eath Do not en	ter nonspecific to	erms, such as o	der		OI.	JOIN	Approximate	
		arrest, shock, or	heart failure. List only one cause on each line.										Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)			Lung	Co	Cancer			L U		years			
AUSE OF				DUE TOW	OR AS A CONSEQUENCE OF)									
			ь	DUE TO (20.40.40	ONSEQUENC	YE ()E)				<u> </u>			
	Conditions, if any, which gave rise to the immediate cause.			<i>502.10</i> ((UN AS A C	ONSEQUEING	,E 017	į.	UN	13 2007				
200	stating the underlyin cause last	ng .		DUE TO (OR AS A C	ONSEQUENC	E OF):							
~ 3 1			d	ı.				- FAIT A	HOL	INGA KATO)ALA			
East Suburban Add th Town of Dyer hot 20 12-14-0066-0020	PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I 27. WAS DECEDENTY ALLIAS IN AUTOPSY FINDINGS													
5. 9				PREGNANT POSTPARTU						DAYS PERFORI	MED?	D? AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ا فِي فِي الْجِياتِ		l		TUNDER'S)		OF DEATH? (Yes or no)			
Fast Suburban Town of Dyer 12-14-0066														
3 4	29e. 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													
8 to 11 -														
اغ آن تر ا														
RTIFIER	296 SIGNATURE AND TITLE OF CERTIFIER 296 MEDICAL LICENSE NO. 290 MEDICAL LICENSE NO. 290 DATE SIGNED (Month. Day. Year) 290 O 603 290 DATE SIGNED (Month. Day. Year)													
Ì	30 NAME AND	DORESS OF PER	SON WHO	COMPLETED CAUSE	OF DEATH	1 L		1		11 , 1	2110			
	GARY MARCOTES 1175. Harlen restone ILL 69468													
ALTH FICER	31. HEALTH OFFICERS SIGNATURE 32 DATE PILED (MONTH) Day, Young Sun DEST. D.O.													
Ì	33. MANNER OF D	EATH		346. DATE OF INJURY 346. TIME OF 34c INJUR					RK?	34d. DESCRIBE HO	W INJURY OCCURRE)	٠ الما	
,				(Month, Day, Yea	YAULNI	(4	(Yes or no)			007767B\\\				
		Pending Investigation							0011017					
	Accident	_		34e PLACE OF INJU		me, farm, stree	t, factory, office		34f LOC	ATION (Street and Num	nber or Rural Route Nur	nber, City o	or Town, State)	
	Suicide Homicide	Could not be Determined	•	building, etc (Spe	building, etc (Specify)									
	riorincide			1				1						

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrien, etc.

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

34g DATE PRONOUNCED DEAD (Month. Day, Year)