ITTENTION ESTATE: The Social Security # is ing requested by this state agency in order to rsue its statutory responsibility. Disclosure is untary and there will be no penalty for refusal.

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State	Na
State	INU.

1	THE RECORDS IN THIS SE		ENTIAL PER IC 10-37-1-	10	2. SE	×	3a TIME OF DEA	H 36. DATE	OF DEATH (Month, D	ey, Yr.)	
PE/PRINT	1. DECEASED-NAME (First, Mic		ROMANO			emale	8:10 P	Jul	y 18, 20	003	
IN _	MARIE	5a AGE—Las		YEAR 5c.			TH (Mo. Day. Yr)		E (City and State or		
RMANENT	4. *SOCIAL SECURITY NUMBER	(Years)	Months		ours Minutes	Sentembe	r 8, 1909	Garva	Indiana		
ACK INK	317-09-9841	Ph VEARLAST SER	93 VED IN				ATH (Check only or				
	A U.S. VETERAN?	8a. WAS DECEDENT A U.S. VETERAN? 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? HOSPITAL Inpetient				OTHER: Nursing Home Other (Space)					
	No		ļ ————	☐ ER/Outpatier	nt DOA		Residence				
	9b. FACILITY NAME (If not institution, give street and number)					9c. CITY, TOWN, OR LOCATION OF DEATH			9d. COUNTY OF DEATH		
CEDENT					Cro	own Poi	nt	La	20		
	St. Anthony Nursing Home				ECEDENT'S USU	ENT'S USUAL OCCUPATION (Give kind of work ring most of working life. Do not use retired)			12b. KINDO JUSINESS/INDUSTRY		
	(Specify) (If wife, give maiden name)			done during most of working life. Do Assistant Teach		not use retirea) ∩1°	Trad	TradeWinds			
	Widowed 13a RESIDENCE—STATE	13b. COUNTY	13c CITY TO	13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUM					
	į	ŀ	Crown Point			279 Wilson		n Plac			
	Indiana	Lake							DECEDENT'S ED	UCATION	
ļ	13e. ZIP CODE 13f. INSIDE CIT		COUNTRY?	DEDENTOFING	(If yes, specify Cu	NIC ORIGIN? 16. RACE—American Indian. yes, specify Cuban. Black, White, etc.			(Specify only highest grade completed)		
	13g. ON A FARI		Mexican, Puerto Rican, etc.				pecify)		Elementary/Secondary (0-12) College (1-4 or 5 +		
ļ	46307 No Uyes USA					White			12		
	18. FATHER'S NAME (First Middle.				19. MC	THER'S NAME (First, Middle, Maiden	Surname)			
RENTS -	John Colosim				Doi	nna (D	ominica)	Mastr	iani		
<u> </u>	20a INFORMANT'S NAME (Type/		20b	MAILING ADDR			oute Number. City or	Town. State. Zip	20c. Rei	ationship	
ORMANT	John Romano		2.	79 Wils	on Place	e. Crow	n Point,	IN 3 63		6 66	
\rightarrow \Diamond	218. METHOD OF DISPOSITION	☐ Entombment			ISPOSITION (Nam			21c. LOGATION	or Teven 30		
7 7	37	Removal from St			y 22, 2			ZZ >	Z O	⊊M =	
	Burial Cremation Donation Other (Special		/		ark Cem			ØDan i	nstille.	\P ndiana	
;POSITION		","					WAS DEATH REPO	TED IG GERON	FR?	<u>/ 1</u>	
	220 EMBALMER'S NAME. 22b EMBALMER'S LICENSE NO FD08600505					23.	X No D	garante.	3	and the same of	
	Alexis Thanos		NO TEL						TE ETT		
	246 SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER 25 NAME ADDRESS, AND LICENSE NUMBER OF SUMERAL HOME. 406 LICENSE NUMBER Cof Licensee) Cof Licensee) Cof Licensee) Cof Licensee										
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11.	0000		no Doctain	CITATIO	8600505	op7905	y B ro adwa	y, Mërr	illville	e, IN 464.	
#	26. PART I. Enter the disease	ses, injuries, or complic	ations that caused the death. I			op7905	y B ro adwa	y, Merr	i li ville	Approximate	
#	26. PART I. Enter the disease arrest, shock, or	ses, injuries, or complic r heart failure. List only	ations that caused the death. I			op7905	y B ro adwa	y, Merr	i H viHe	Approximate Interval Between	
#	arrest, shock, or	ses, injuries, or complic r heart failure. List only	ations that caused the death. It one cause on each line.			op7905	y B ro adwa	y, Merr	i Hville	Approximate	
# 10.	arrest, shock, or IMMEDIATE CAUSE (Final disease or condition	ses, injuries, or complic r heart failure. List only a.	ations that caused the death. It caused the death in cone cause on each line. OR 3 CONS	Do not enter non		op7905	y B ro adwa	y, Merr	i Hville	Approximate Interval Between	
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