10 C.C. + 0 VEI.

attention estate: The Social Security # is sing requested by this state agency in order to irsue its statutory responsibility. Disclosure is illuntary and there will be no penalty tenrefusal.

Ocal No.

## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH State No. ...

Joan 110	THE RECO	RDS IN THIS S	ERIES AR	RE CONFIDENTIAL PE	R IC 16-37-1-10								
OF ODINE	1. DECEASED-NAME (First, Middle, Last)						2. SEX 3a. TIME OF DEA						
/PE/PRINT			H. SCHLUETER				Male		10:59 PM <sub>м</sub>	. 1	August 11, 2007		
IN RMANENT	4. *SOCIAL SECU			. AGE - Last Birthday	5b. UNDER 1 YEA			ATE OF BIRT	TH (Mo, Day, Yr)	7. BIRTHI	IPLACE (City and State	or Foreign Country)	
LACK INK	303-32-1	878		(Years) 74	Months Day	ys Hours			per 10, 1932		own Point, Inc	diana	
LACALITA	8a. WAS DECEDENT		8b. YEAR LAST SERVED IN				9a. PLACE OF DEATH (Check or						
	A U.S. VETERAN? Yes		U.S. ARMED FORCES?		HOSPITAL: Inpatient					Other (Specify)			
			L	1962	<del>\_</del> _	R/Outpatient			Residence		COUNTY OF DEATH		
ECEDENT	9b. FACILITY NAME (If not institution. give street and number)  St. Anthony Medical Center								ATION OF DEATH		Lake		
					er NUNC SPOUSE 12a DI			Point	NI /Circa bind of work		TALL OF BUSINESS/IND	HISTRY	
	10. MARITAL STATUS (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)			1 ~	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)			Construction			
	Married			Judith E. K		Carpent			3d. STREET AND NU	HADED	Consur	iction	
	13a. RESIDENCE — STATE		13b. COUNTY		13c. CITY, TOWN,	OR LOCATION							
	Indiana		Lake		Lowell				13210 W. 173	JIG AVEILLE		EDUCATION	
	13e. ZIP CODE	13f. INSIDE CIT	TY LIMITS	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDE		ORIGIN? , specify Cuban,	Black,	, White, etc.		(Specify only highest	grade completed)	
	46356	13g ON A FAR	IM?		Mexican, Pue	rto Rican, etc.)		(Speci	i i		ary/secondary (u-12)	College (1-4 or 5 +)	
	40330	t⊠ No [		USA				Wh		12	(L)		
ARENTS	18. FATHER'S NAME (First, Middle, Last)						19. MOTHER'S NAME (First, Middle, Maiden Surname)				 ເມ		
-11 16.11. 5	Henry Schlueter								Homeier				
JFORMANT	1						(Street and Number or Rural Route Number, City or Town, State, ZIP Code) 20c. Relationship						
IFORIVIAN:	Judith E. Schlueter 13210 W. 173rd Avenue, Lowell, Indi								····			Wife	
	21a. METHOD OI	F DISPOSITION	☐ Ento	1	21b. DATE AND PL			emetery, cre	ematory, or		ATION—City or Town,		
-	Burial	Burial Cremation Removal from State				August 15, 2007  Maplewood Memorial Cemet					Crown Point, Indiana, 46307		
		Other (Speci	ify)			100 0 10	4 10				,1		
ISPOSITION	22a. EMBALMER				1	ER'S LICENSE NO.	113	23.	WAS DEATH REPOR		ORONER2	erif N	
	Henry Bla		-4	1	FD010		ATE	T	/AL				
-	24a. SIGNATURE OF FUNERAL DIRECTOR  24b. LICENSE NUMBER  25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME  (of Licensee)  DD1/27b. 8. LICENSE NUMBER  26. LICENSE NUMBER  27. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME  (of Licensee)												
	PRUZIN & LITTLE FUNERAL SERVICE Lie. # FH 83001261  1009893 PTOP 1811 East Franciscan Drive, Crown Point, Indiana, 46307												
			1										
	26. PART I.	arrest, shock, o		s, or complications that cause on		ot enter nonspecif	c terms, such as	cardiac or re		P		Approximate Interval Between Onset and Death	
	26. PART I.  IMMEDIATE CAUS disease or conditi	arrest, shock, o SE (Final		ure. List only one cause on		ec A	a terms, such as	cardiac or re				Interval Between	
AUSE OF	IMMEDIATE CAUS	arrest, shock, o SE (Final ion		DUE TO (C	or AS A CONSEQUENCE CONSEQUENC	JENCE OF):	cterms, such as	cardiac or re		(un		Interval Between	
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