| ing requested by | TATE: The Social Security # y this state agency in order y responsibility. Disclosure will be no penalty for refuse 2 12 7 |
|------------------|--|
| 1 | THE RECORDS IN THIS S |
| YPE/PRINT | 1. DECEASED-NAME (First, M |
| ERMANENT | 4. *SOCIAL SECURITY NUMBER |
| LACK INK | 315-07-4094 |
| | 8a. WAS DECEDENT A U.S. VETERAN? |
| | YES |
| EOEDENT. | 9b. FACILITY NAME (If not institution |
| ECEDENT | 4444 |

ARENTS

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ISPOSITION

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| THE DECORDO IN THE | - | CERTIFICAT | IE OF I | DEATH | | State | No | | |
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| I THE KELLOKUS IN THIS | SERIES ARE CONFIDENTIAL F | PER IC 16-37-1-10 | | | | | | | |
| 1. DECEASED-NAME (First, M | | 2.(10 10-31-1-10 | | 2. SEX | | 3a. TIME OF DEATH | m n 4 | DEATH (Monti | |
| | Charles E. Van | Nodo | | Male | _ | | | _ ` | |
| 4. *SOCIAL SECURITY NUMBER | 5a. AGE - Last Birthday | | 5c. UNDER | | - | 12:26 PM | . | nary 1, 20 | |
| 315.05.4004 | (Years) | Months Days | Hours | Official | | | Peter | | or Foreign Counti |
| 315-07-4094 8a. WAS DECEDENT | 89 | | <u> </u> | | | 3, 1917 | I IN . | | |
| A U.S. VETERAN? | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? | HOSPITAL: Inper | | 9a. PL | | EATH (Check only one | | | |
| YES | 1945 | - · | • •• | | OTHER | : Nursing Home | Other (S) | | |
| 9b. FACILITY NAME (If not institut | L | LI ERVO | Outpatient | | | Residence | • | | |
| 123 S. Union | | | | Lowell | /N, OR LO | CATION OF DEATH | Lake | MTY OF DEATH م | |
| 10. MARITAL STATUS (Specify) | 11. SURVIVING SPOUSE (If wife, give meiden name) | - | 12a. DECEDE | NT'S USUAL C | CCUPATI | ON (Give kind of work not use retired) | | OF BUSINESSAND | JSTRY |
| Widowed | N/A | | Attori | | ing ine. Do | not use retired) | Law |) er | |
| 13a. RESIDENCE STATE | 13b. COUNTY | 13c. CITY, TOWN, OR | | те у | | 13d. STREET AND NU | | JIIICE | |
| Indiana | Lake | Lowell | | | - 1 | 123 S. Union | | | |
| 13e. ZIP CODE 13f. INSIDE CIT | 1 | 15. WAS DECEDENT | OF HISBANIO | ORIONIO | 10 040 | 123 S. UIIIOII | | | |
| No. ∑ | Yes WHAT COUNTRY: | No □ | | specify Cuban, | Black | , White, etc. | | 7. DECEDENT'S cify only highest g | |
| 46356 13g. ON A FAR | M? USA | Mexican, Puerto Rican, etc.) | | (Specif | | (y) Eleme | | entary/Secondary (0-12) College (1-4 or | |
| 10330 X No [| | | | | Whi | te | | 2 | 7 |
| 8. FATHER'S NAME (First, Middle | s, Last) | / | | 19. MOTHER | 'S NAME (| First, Middle, Malden S | | 105 | |
| J. Frederick Var | ı Nada | | | Lena (| _ | | CT: | <u></u> | |
| a. INFORMANT'S NAME (Type/ | Print) | 20h MAII ING | ADDRESS / Str | | | Route Number, City or | | 7 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Alison Donaldson | • | | | | | | rown, State, 21 | 20c. R | eletionship |
| METHOD OF DISPOSITION | | | | | | IN 47905 | <u></u> | | ghter |
| _ | | 21b. DATE AND PLACE other place) | | | netery, cre | ematory, or 2 | 1c. LOCATION | —City or Town, S | tate |
| ☐ Burial | Removal from State | | Teb 5, 200 |)7 | | 1 | rentina. | TNT | |
| | n | Heritage Cr | ematory | . • | | 1 | 'ortage l | <u> </u> | |
| Za. EMBALMER'S NAME: | | 22b. EMBALMER'S | LICENSE NO. | t 18 | 23. | WAS DEATH REPORT | ED TO CORON | ER2 | |
| N/A | | N/A | | | | No 🗆 Yes | | N | |
| 4a. SIGNATURE OF FUNERAL DI | RECTOR | 24b./ L/ | CENSE NUMBE | B I | S. NAME. | ADDRESS, AND LICEN | SE NUMBER (| E EUNEDAL HON | |
| J | 1 | | of Licensee) | | | | | | - |
| $\mathbf{X}_{\mathbf{n}}$ | Strank. | Ome FD | 0890004 | | | Funeral Hor | | | |
| 5. PART I. Enter the disease | | difficult is | 5 the | | | Commercial | Ave. Lo | well, IN 40 | 356 |
| airest, shock or | es, injuries, or complications that can heart failure. List only one cause on | and the death. Do not en | lar nonspecific t | enne, such as c | indiac or re | spiratory | | | Approximate |
| | | - i - | 1 | 6 | | | | | interval Betwee |
| MEDIATE CAUSE (Final | Comple | num | 1-2 DX | n > 0 | 18 70 | 214 | | | Owner and Day |
| | DUETO (O | R AS A CONSEQUENC | E OFI | | | | | | Onset and Deat |
| earring in coatti) | | | | -0 /- | ^ | 1 | | | Onset and Dear |
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SDH06-004 State Form 10110 (R5/1-99)