ENTION ESTATE: The Social Security # is requested by this state agency in order to e its statutory responsibility. Disclosure is any and there will be no penalty for refusal. al No. 2582

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Key# tate No. (16) 27-34-19

1. DECEASED-NA	AME (First, Mi	iddle, Last)				2. SEX		3a. TIME OF DEAT	Н 3b.	DATE OF DEATH	H (Month, E	ay, Year)
I			inda J. Bieker			Female		4:32 A	ı.			
4. *SOCIAL SECURITY NUMBER		58	. AGE - Last Birthday	5b. UNDER 1 YEAR	5c. UNDER 1		ATE OF BI	RTH (Mo, Day, Yr)	7. BIRT	THPLACE (City a	und State o	r Foreign Coun
		(Years) 47 8b. YEAR LAST SERVED IN		Months Days	Hours M		•	per 4, 1960			ago, II	
			ARMED FORCES?	HOSPITAL: Kinpa	tlent	9a. Ft	ACE OF DEATH (Check only on OTHER: Nursing Home		<u>'</u>			
No			N/A	☐ ERVO	Outpatient 🔲 De	DA		Residence		N		
9b. FACILITY NAME	•	-	rest and number)		9		-	CATION OF DEATH		COUNTOF	DEATH	
Communi				*···		Munste			- 1	Lak		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Robert A. Bieker		12a. DECEDE done duri Accour		nt's usual occupation ing most of working life. Do nting		ION (Give kind of work o not use retired)	12b.	12b. KIND of Misiness/INDUSTRY Accounting		
13a. RESIDENCE -	- STATE	13b. COL		13c. CITY, TOWN, OR	LOCATION	-		13d. STREET AND N				
IN .		Lak		Highland				9528 Farme	r	<u> </u>		
13e. ZIP CODE	13f. INSIDE CIT		14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT		RIGIN? ecify Cuban,	Blac	E—American Indian, i k, White, etc.		17. DECEL (Specifically I		OUCATION de completed)
ļ.	13g. ON A FAR	M?	1	Mexican, Puerto I		,	(Spe	clfy)	Elemer	ntary/Sectondary		College (1-4 or
46322	□ No □		USA					White		1210		
18. FATHER'S NAM		e, Last)						(First, Middle, Maiden	Surname)		
Raymond	Martin					Patsy 1						
20s. INFORMANT		Print)						Route Number, City o	r Town, S	tate, ZIP Code)		ationship
Robert A.					Farmer, Hig						<u> </u>	usband
21a. METHOD OF	_	☐ Ento	l l	21b. DATE AND PLACE other place)		•		rematory, or	21c. LOC	ATION CITY OF	r Town, St	ate
	Cremation Other (Speci		oval from State		October 2				Marr	<u> </u>	TTI N TILE	<u> </u>
		(עיי		Calumet Par						rillville, N	A	
Sally Run				22b. ENBALMER'S	20700071	112	23	. WAS DEATH REPOR				#1,733 **:
<u>~</u>		DEC25-	/ NTO			TA		, ADDRESS, AND LICI	(1)	in 10		
24a. SIGNATURE (OF FUNERAL DI	RECTOR		245. 1	LICENSE NUMBER	. 4	25. NAME	. ADDRESS. AND LICI	ENSE NUI	MRER OF FUNE		
-							- 4 -		t=			
م ما ا	S	1	The word	7	(of Licensee)		Bur	ns-Kish Fune	ral Ho	me -	Lic	300496
<u> </u>	mas	X	Duns	7			Bur		ral Ho	me -	Lic	300496
			D kuns	cument	(of Licensee) .045184	orop	Bur 841	ns-Kish Funer 5 Calumet Av	ral Ho	me inster, IN	Lic (4632)	300496 -2521 Approximate
			b, or complications that corre. List only one cause or	cument	(of Licensee) .045184	orop	Bur 841	ns-Kish Funer 5 Calumet Av	ral Ho	me -	Lic 46321	# 300496 -2521
	arrest, shock, or		re. List only one cause on	cument] aussed the death. Do note a each line.	(of Licensee) 045184 Inter nonspecific tel	orop	Bur 841	ns-Kish Funer 5 Calumet Av	ral Ho	me inster, IN	Lic 46321	300496 2521 Approximate Interval Bety
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