COR TITLE INSURANCE

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

(//		al No	321-	08							Stat	e No		V Death (Mark D)	
1.0	ecedent's Legal Name (Fi Helen	JOSEI	DLITNIE	G	olec	1a. Maiden Last N	ame (if Female)	La Transition	2. Sex	ale	J. THISE C	, Ceath	- Date C	A Death (Month/Day/Yea	ar)
5. S	Social Security Number	JUSEI 6a. Age - Yrs		1 YAF A	Bc. Under 1 Month	Prucy	6e. Under 1 Hou	7. Date		Iale Month/Day/Y	2:00			uary 1, 2	800
31	.0-62-4938	Months U Days U D Z Hour D Minutes 2 D D A 1 D A 1 D								TENCINA		ΣΛ			
	ver In U.S. Armed Forces		eath Occurred				DECEMBER 2, 1917 OWENSDALE, PA.								
	res X No Unknown □ Facility Name (If Not Insti			rgency Depa	rtment Outpatient 🔲 [☐ Hospice Fax	☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)								
	St. Antho	nv Home	2												
12.	St Anthony Home 2 City Or Town, State, And Zip Code Crown Point, Indiana 46307						13. Co	unty Of Death				. Marital Status	Marital Status At Time Of Death		
							. 1 .	Lake					arried Married, But Separated Divorced dowed Never Married Unknown		
15.	Surviving Spouse's Name 15a. (If Wife)Give Maide Residence – State 18a. County					e Maiden Last Name	16.	Decedent's Usual O				17. Kind Of E	7. Kind Of Business/Industry		
18.							18b. City C	HOMEMAK Or Town	EŖ			OWN	OWN HOME		
	INDIANA				LAKE		HIGHLAND								
√ú 18c.	8c. Street And Number						18d. Apt. No.			No.	18e. Zip Code 18f. Inside City Limits?			imits?	
2 2	828 FRANK	LIN STR	REET									463	322	Yes No	
7 19.	. Decedent's Education			20	Decedent Of Hispan	ic Origin		21. Decedent's Race							
0	11 Pather's Name (First, Middle, Last)				ŅC)	WHITE 23. Mother's Name (First, Middle, Last)			· · · · · · · · · · · · · · · · · · ·	23a. Mother's Maiden Last Name				
*	BRUNO PRUCY						ANASTASIA PRUCY						BELKO		
	Informant's Name				24a. Relationship To	o Decedent	24b. Mailing Address (Street And Number, City, State, Zip			Code)	1				
	Anne Mori	rison	ER	236 BARBERRY LN. VALPARAISO, IN. 46383											
Q 25a	Method Of Disposition		2	5b. Place O	Disposition (Name Of		lace Of Disposi y, Other Place)	Town, And S	wn, And State						
Marrial Cremation Donation Entombrent CALUMET PARK CEMETERY MERRILLVILLE, INDIANGED 27. Name and Complete Address Of Funeral Facility Yes No Fagen Miller Funeral Home 2828 Highway Ave, Highland, IN 46.2															
										INDI	ANA	1 27a Fu	neral Home License Nun	mber	
										/ ₆ 222	1	33003035			
\$ 270							Dunty Recorder. 27c. License Number (Of Licensee):						33003033		
	Kart Leeser						~			FI	0100	6861			
1 28	Part I. Enter The Ch	nain Of Events	Diseases	Injuries Or				s And Example		inte		· · · · · · · · · · · · · · · · · · ·		Approxima	
Suc	ch As Cardiac Arrest,	rt I. Enter The <u>Chain Of Events</u> —Diseases, <u>Injurie</u> is Cardiac Arrest, Respiratory Arrest, Or <mark>Ventric</mark> ula Add Additional Lines If Necessary			rillation Without Sho	owing The Etiolog	y. Do Not Abbreviate. Enter Only One Cause (ause On		Approximate Interval: Onset To Death			
Imn	Immediate Cause (Final Disease Or Condition Resulting In			Iting In De	ath A.	ra	arlue To drive			ence Offi:		Wee			5
	Sequentially List Conditions, If Any, Leading To The Cause Listed On						Da	Due To (Or As A Consequence Of):				years			2
	Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last									Y As A Consequence Of):			,		
	**	: <u> </u>	•		D.										
	U. Enter Other Significant			ith But Not R	lesulting in The Underly	ying Cause Given In	R'S COLOR	30. Were A				Yes No		☐ Yes ☐ No	<u> </u>
1 31.	Did Tobacco Use Contrib			2 If Female:		A Children		<u>.</u> l		33. Maj	nner Of Deat	h;			
	'es 🗀 Probably 🗆 No 🚉 Ji	nknown	F	Pregnar	Pregr I 4 ays To	nant At Time Of Death 1 Year Before Death	Not Pregnant, But F	regnant Within 42 Days O t Within The Past Year	of Death			Accident	Pending Invest	igation	
হু	Date Of Injury (Month/Da	y/Year)	3	5. Time Of I	njury	36. P	lace Of Injury (E.G	, Decedent's Home, (Construction	on Site, Res	staurant, Wo	oded Area)	3	7. Injury At Work?	
38.	Location Of Injury - State		- CF	a. City Or 1	9400	/38b	Street & Number	0/15 A'I		TIE :		38c. Apt. N	380	Yes No	
0		Dre	1011	~	2000	183 CENT	THREE THE ASK		ji e. Girtte	THE					
39 Describe How Injury Occurred AKE COLINIA 140. If Transportation Injury.									ion Injury, Spec	fy:	t				
Q)		INTY	AUDITOR	JDITOR			© R A S S A S S A S S A S A S A S A S A S				Passenger Pedestrian Other (Specify)				
41.	41. Signature, Of Person Certifying Cause Of Death:						42. Certifier (Check Only One)								
	· / · / /						Certifying Physician Coroner Health Officer 14. License Number 45. Date Certified								<u>n</u>
43. Ko	Name, Address And Zip Code Of Person Certifying Cause Of Dea ATARYLL MULLIGAN M.D. 919 M								010523						
46.	Additional Funeral Service		<u>, , , , , , , , , , , , , , , , , , , </u>								7. *Akas:		135	15	
48.	Signature of Local Health	Officer:				, ,		1.	49. For R	egistrar Or	nly - Date Fr	ed (Month/Day/			
			Si	san	DB	ハナの	<i>O</i> .		F	ebru	274	4.	200	8	
State F	Form 10110 (R7/9-07) ATT	ENTION ESTATE: Th	Social Security #	is being reques	ted by this state agency in or	der to oursue its statutory	responsibility. Disclosu	re is voluntary and there w	dil be no pen	alty for refusel	THE REGORD	S IN THIS SERIES	ARE CONFIDE	NTIAL PER IC 16-3 7-1-10	