## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

ROSE MARIE SKERT	TICH			1a. Maiden Las	t Name (If Female)		2. Se	State No *	3. Time O	f Death	4. Date O	f Death (Month/Day/Ye
Social Security Number		T & 11 1 4	, , , , , , , , , , , , , , , , , , , ,				F		3:45 A.			H 9, 2008
12-09-2684	6a. Age Yrs 90	6b. Under f \	Gc, Under Darys	1 Month 6d. Under 1 Di	Minutes	1	ember 1	nttv/Day/Year) 9, 1917		ce (City An		oreign Country)
Ever In U.S. Armed Forces?	10. If De	eath Occurred in A	Hospital:		10a. If Death Occurr	red Somewhere	e Other Tha	ın A Hospital:	7 Hospins E	william III I	lanadant'a Ha	ome Nursing Home
]Yes ⊠ No Unknown [	☐ ☐ Inpa	tient 🗌 Emergen	cy Department Outpat	tient 🔲 Dead On Arrival	Term Care Facility [	Other (Spec	ify)	_	a mospice in	ovak, Li c		ALIC CLINOISH BLOOM
Facility Name (If Not Instituti		And Number)					•				$\frac{\circ}{\circ}$	
VILLIAM RILEY RESI											5	
2. City Or Town, State, And Zip IUNSTER, INDIANA 40					13. County	Of Death			14. Ma	arital Status	(A) me Of E	Death
					LAKE						<b>MeVe</b> r Marrie	Separated Divorced
5. Surviving Spouse's Name IOT APPLICABLE				15a. (If Wife)Give Mai	den Last Name			dent's Usual Occi EMAKER			OWN H	of Business/Industry
3. Residence – State			18a, County		18b. City Or Tov	wn						
NDIANA			LAKE		MUNSTER						$\odot$	
Sc. Street And Number  608 WHITE OAK C	IDCL E				·· • • • • • • • • • • • • • • • • • •	••		18d. Apt. No.		18e. Zip (		18f. Inside City I
	IRCLE							1A		46321		Ma Yes □ No
Decedent's Education igh school graduate	or GED cor	npleted		of Hispanic Origin panish/Hispanic/La		Decedent's Ra nite	ice					<u> </u>
22. Father's Name (First, Middle, Last)  JOHN VUICH				23. Mother's Name (First, M MATILDA VUICH			s. Last)			23a. Mother's Marden Last Name GRCENICH		
Informant's Name			1	onship To Decedent	24b. Mailing Address					1	Same and the second sec	A CAST STATE OF
			SON		17693 N. EL D	ORADO W	VAY , SU	JRPRISE, A	Z 85374	C)	60	1117
a. Method Of Disposition.	Buriai ⊠ Crem	25b. P	tace Of Disposition (h	25. Name Of Cemetery, Cremat	Place Of Disposition ory, Other Place)	25c. Locat	tion - City	Town, And State	- :		mar or the	and the
Donation  Entombment   Other (Specify):  Was Coroner Contacted?	Removal From	State CATI	HOLIC CEMET	0 4 N (	FFICI	HAMMO	OND, IN		· ,		agento 44	
Yes Mo	i		At HOME 903	al Facility 39 KLEINMAN RD.,	LOCUE AND INDU						27a. Fune	ral Home License Nun
b. Signature Of Indiana Fugera	1					AMA4633	2	C \			EU1020	VVVV 4
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9	and	RI	eten	Lake Co	unty Rec	corde	r!	27c. Lice FDO86		C	14.40 8.72	00021
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