## INDIANA STATE BOARD OF HEALTH

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No.	 	 	 	 	

EENT 4 SOOM SCHOOL FAMILIES J. M. LOCAL TOWN IN A STATE AND THE CONTROL OF MAIN THAN TO A STATE AND THAN THE CONTROL OF MAIN THAN THAN THAN THAN THAN THAN THAN THA	No./	07-90	•••••	CERTI	FICATE	OF DEAT	Н	Stat	te No.				
EINT LURE C BATES, 19						2 S	ΕX	3a. TIME OF D	EATH	3b. DATE OF DEAT	H (Month Day: Y	(r)	
EENT   A16-28-7163   A AGE-Lam develop   A Control Private   St. MORRE   AND   A CONTROL PRIVATE   ALABAMA   A16-28-7163   AURS   A16-28-7163   A16-2	/PRINT							1:28	P	MAY 4, 1	1990		
ALFORDERS   1945   19	IN			irthday 5b. UND	ER 1 YEAR	5c. UNDER 1 DAY	6. DATE	OF BIRTH (Mo, Day, Yr)					
A NEW SCHOOL IN THE WORK OF COUNTY IN A CHARGE PROCESS TO THE COUNTY OF CASH IN A CHARGE PROCESS TO THE COUNTY OF	ANENT	1	(Years)	Month	s Days	Hours Minutes	AUGU	IST 3, 192	3   RO	OGERSVILI	LE, AL	ABAMA	
ALLE WETTERANT  19 14 ANNEL PORCESS  19 15   CHANGE   CHA	N IINN		86. YEAR LAST SERVE	O IN	9a. PLACE OF DEATH (Check only one. See instructions.)								
TABLE COUNTY  ST. MARY MEDICAL CENTER  10 MARTIA STATUS  11 SUMMANG SPOLUTE  MARTIAL LEE WILLIAMS  THE DECEMBER OF THE STATUS  12 SUMMANG SPOLUTE  TO MARTIAL LEE WILLIAMS  THE DECEMBER OF THE STATUS  THE STATUS			U.S. ARMED FORCES	HOSPITAL	XX Inpatient		0		me 🗆	Other (Specify)			
ST. MARK MEDICAL CENTER  15 MARK MEDICAL CENTER  16 MARK MEDICAL CENTER  17 MARK MEDICAL CENTER  18 SCHOOL CONTROL OF SAME CON		YES	1945		☐ ER/Out	petient DOA				Lat. COUNTY OF DEATH			
TO MART MATTIAL STUDY  IN MARTIED  MARTIE DOUBLY SUBJECT SUBJE	NIT	1		•					in.			Y	
The Market District Control of the C	NT	ST. MARY MEDI											
MARKIED  13h RESERVACE STATE  13h COUNTY		10. MARITAL STATUS	(If wife, give maiden I	/ING SPOUSE 12a. DECED done di									
INDITION A LARE COUNTY THE HOBART HOBART AND COUNTY THE ACCOUNTS FULCATION AND COUNTY THE ACCOUNTS FULLATION AND COUNTY THE ACCOUNTY THE ACCOUNTS FULLATION AND COUNTY THE ACCOU		l	MARTHA LE					Line OFFICE AND			GART	WORLD	
Table 2000E   19   ROBIC GOT WARTS   12 COTTON OF WARTS		13a. RESIDENCE-STATE	13b. COUNTY	1		CATION		1					
Same Jun Code   199   NOTES OF THE PARTY   CONTROL OF THE PARTY		INDIANA	LAKE								DENTS EDITO	ATION	
A6342   XX   No   Ver   USA     WHITE   12   USA     USA   USA     USA   USA     USA   U				OF 15. WAS	DECEDENT OF	HISPANIC ORIGIN?  (If yes, specify (	Cuban.		in.				
46342   X8 to			-	Mex	rs. ican, Puerto Rica	an, etc.)		(Specify)	Ele	mentary/Secondary	(0-12) Coi	iege (1-4 or 5 + )	
THE FATHER'S NAME STAKE ALCOSE LAND  TO CHARGE STAKE STAKE ALCOSES OF THE AND ADDELL RICHARDSON  TO ADDELL RIC		1 46040	77.0				i	WHITE	<u>i</u>	12			
LUKE C. BATES, SR.  IDA ODELL RICHARDSON MARTHA BATES  100. MALING ADDRESS Grows are warmanter of marthar Amender by or Form. Star 26 Cases  WIFE  101. MALING ADDRESS GROWS are warmanter of marthar Amender by or Form. Star 26 Cases  WIFE  102. MALING ADDRESS GROWS are warmanter of GROSSING MARTHAR BATES  103. MALING ADDRESS GROWS are warmanter of GROSSING MARTHAR BATES  104. MATHAR BATES  105. MALING ADDRESS GROWS are warmanter of GROSSING MARTHAR AMENDER OF GROSSING MARTHAR AMENDER OF GROSSING MARTHAR AMENDER OF GROSSING MARTHAR AMENDER OF MARTHAR AMENDER OF JOHN STAR AMENDER OF FRANCISCO MARTHAR AMENDER OF FRANCISCO		ALL No								me)			
AND MAINTA BATES    200 MAINTA ADDRESS (Chee work Number or Plans Planck Anthrobic Cyty or Town State (2000)   200 MIFE	3	1.0				ID	A ODI	ELL RICHAR	DSON				
MARTHA BATES    4067 WILLOW STREET, HOBART, IN 46342   WILE LOCATION—City or Tour. State   214 METHOD OF DISPOSITION   Decombined											1	_ `	
21s. METHOD OF DISPOSITION   Encurrence   21s. DATE AND PLACE OF DISPOSITION (Name of contently, or sentence), or other place   19   19   19   19   19   19   19   1	MT		<b>-</b>		4067 W	ILLOW STR	EET,	HOBART, I	N 46	342	MIF	E	
Committee   Comm			N	21b. DAT	E AND PLACE	OF DISPOSITION (Na	me of ceme	stery, crematory, or	21c.	LOCATION—City o	r Town, State		
ON JAMES W. GHOLSTON  226 DARALHERS NAME JAMES W. GHOLSTON  227 DARALHERS NAME JAMES W. GHOLSTON  227 DARALHERS NAME JAMES W. GHOLSTON  228 DARALHERS NAME JAMES W. GHOLSTON  229 DARALHERS NAME JAMES W. GHOLSTON  220 DARALHERS NAME JAMES A CONSECUENCE OF THE SALL HOMES, T. D.		i	1047										
228 EMBALMERS NAME  JAMES W. CHOLSTON  PD01004194  249. SCHATURE OF FUNERAL DEETOR  249. SCHATURE OF FUNERAL DEETOR  250. SETATL  250. ART I. Event the develope further, or complications that caused an electronic first Legisland and Control for the set on complication of the set caused and caused. The set of the set o									ROG	ERSVILLE	, ALAE	SAMA	
JAMES W. CHOLSTON  JAMES W. CHOL				22b.	EMBALMER'S L	ICENSE NO.		23. WAS DEATH R	EPORTED	TO CORONER?			
246 SIGNATURE OF FURERAL DIBECTOR  246 SIGNATURE OF FURERAL DIBECTOR  25 NAME, ADDRESS AND UCDNES NUMBER OF FINERAL HOMES, TDH 300 3069  26 ONE ST. RES. FUNERAL HOMES, Th. FDH 300 3069  26 ONE ST. RED. FUNERAL HOMES, Th. FDH 300 3069  27 ART I. Error the deadless from the caused her death. Do not writer nonspecific termis, such as bacidic or responsibly.  28 ART I. Error the deadless from the caused her death. Do not writer nonspecific termis, such as bacidic or responsibly.  29 ART II. Error the deadless from the caused her death. Do not writer nonspecific termis, such as bacidic or responsibly.  20 ART II. DEATH OF THE CAUSE GROWN AS A CONSEQUENCE OF THE CONSTRUCTION OF THE CAUSE OF	ON		STON				15	XX No	Yes				
The state of condition of any, which gave rise to the immediate cause, stated the underlying cause last to the immediate cause, stated the underlying cause last to the immediate cause, stated the underlying cause last to the immediate cause, stated the underlying cause last to the underlying to the		26. ART I. Enter the dis	eather injuries, or complication or heart failure. List only of	accused on each line.	eath. Do not ente	is the m	6	00 WEST RI	DGE	ROAD,	BART,	IN 4634 Approximate Interval Between	
Conditions, if any, which gave rise to the mineralist cause, stating the underlying cause last  DUE TO (OR AS A CONSCUENCE OF)  DUE TO (OR AS A CONSCUENCE OF)		disease or condition	• —	DUETO-COR AS A C	ONSEQUENCE	OF JE	L	early	do	2 00 00 00 00 00 00 00 00 00 00 00 00 00	<u>e</u>		
DEATH ON FILL WITH THE LARE COUNTY OF 90 DAYS  PREGNANT OR 90 DAYS  PREG	3€ OF Ή	rise to the immediate cause, stating the underlying		ener	ahol	d co	ter	scler	Of	2)	ـــــــــــــــــــــــــــــــــــــ		
29a. CERTIFIER (Check only one)    HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.   CORONER on the cause(s) as stated.   CORONER on the cause(s) as stated.   CORONER on the time, date, and place, and due to the cause(s) as state		PART II. OTHIS CERTIFIE  COMPLETE TO	EX BROTHE CERT	FROM E DI	viously stated in	Ind PR	EGNANT (	DR 90 DAYS PEI	RFORMED es or no)	0 0	VAILABLE PE	NOR TO OF CAUSE es or no)	
296. SIGNATURE AND TITLE OF GERNFIER  30. NAME AND ASSESSMENT OF THE DESIGNATURE HEALTH CONTINUENCE AND THE CONTINUENCE AND TH		HEALTH DEPT	KI LAN	money	19	R'e		N/A	N			N/A	
29b. SIGNATURE AND TITLE OF GERTVEIER  29b. SIGNATURE AND TITLE OF GERTVEIER  30. NAME AND ADDESS  KRISHNAN POTT  MD 8300 BROADWAY, MERRILLY VILLE, IN 46410  31. HEALTH OFFICHAS SIGNATURE LATTH COMMISSIONER  32. DATE-FILED (Month, Day, Year)  33. MANNER OF DEATH  ACCIDENT  AC		29a CERTIFIER X	CERTIFYING PHYSICIAN								<b>-</b>		
29b. SIGNATURE AND TITLE OF GENTYIER  30. NAME AND ADDESS  31. HEALTH OFFICIANS/SIGNATURE  31. HEALTH OFFICIANS/SIGNATURE  32. DATE-FILED (Month, Day, Year)  33. MANNER OF DEATH  34a. DATE OF INJURY  (Month, Day, Year)  34b. TIME OF  (Yes or no)  34c. PLACE OF INJURY—At home, farm, street, factory, office  Determined  34e. PLACE OF INJURY—At home, farm, street, factory, office  Determined  PEGGY HOLINGA, AND ADDITOR  AND ADDITOR  34f. LOCATION (Street, and Number or Rural Number or Rural Number or Rural Number of Rural Num			HEALTH OFFICER									A	
30. NAME AND ASPESS  31. NAME AND ASPESS  32. DATE FILED (Month, Day, Year)  33. MANNER OF DEATH  34. DATE OF INJURY  (Month, Day, Year)  34. TIME OF INJURY (Yes or no)  Natural Pending Investigation  Accident  Suicide Could not be Determined  34. PLACE OF INJURY—At home, farm, street, factory, office  PEGGY HOLINGA KANDITO		, NE	CORONER Of the basi	s of examination and/	or investigation, i	in my opinion, death o	ccurred at t	he time, date, and place,	and due to				
30. NAME AND ADDESS SOLVEN SOL		296. SIGNATURE AND TITLE	OF CERTYFIER	٦. ٨	E V	51.0	\ \ \	A 4/	~ a .	29d D	ATE SIGNED	Month, Bay, Year	
KRISHNAN POTT MD, 8300 BROADWAY, MERRILLVILLE, IN 46410  31. HEALTH OFFICIANS FOR HURE HEALTH COMMISSION Day, Year)  33. MANNER OF DEATH  34a. DATE OF INJURY  (Month, Day, Year)  Natural Pending Investigation  Accident  Suicide Could not be Determined  34e. PLACE OF INJURY—At home, farm, street, factory, office  Determined  34f. LOCATION (Street and Number or Rura)  34f. LOCATION (Street and Number or Rura)  34g. PLACE OF INJURY—At home, farm, street, factory, office  DEGGY HOLINGA KATON		1 5	Jah DM	1000	0	T V V		MIN Z	704	<u> </u>	3 1	717 (	
KRISHNAN POTT MD, 8300 BROADWAY, MERRILLVILLE, IN 46410  31. HEALTH OFFICIAL SCHARUFFELTH COMMISSIONER  32. DATE-FILED (Month, Day, Year)  33. MANNER OF DEATH    Natural   Pending Investigation   Accident   Suicide   Could not be Determined   Could not		30. NAME AND A SPESS	SOUTH AND AND	DE DEAT	H (ITEM 26) (T)	rpe/Print)				Proceeds was 15 february with the con-	t s	(, (, (	
31 HEALTH OFFICIAL SCHUMEN AT HEALTH COMMISSIONER  32 DATE FILED (Month, Cay, Year)  33. MANNER OF DEATH  34a. DATE OF INJURY  (Month, Day, Year)  34b. TIME OF  (Nonth, Day, Year)  (Nonth, Day, Year)  34c. DESCRIBE HOW INJURY OCCURRED  (Month, Day, Year)  (Nonth, Day, Year)  (Nonth, Day, Year)  (Nonth, Day, Year)  (Yes or no)  SEP 1 2001  Accident  Accident  Suicide  Could not be Determined  Determined  Determined  Determined  PEGGY HOLINGA KATON  ACCIDENT AUDITOR			T7 MD. 830	O BROADWA	Y, MER	RILLVILL	E, IN	46410		<u> </u>			
Natural   Pending Investigation   Accident   Suicide   Could not be Determined   Homicide   Could not be Determined   Determined   Natural   PEGGY HOLINGA KATONA   NATURAL STREET   Suicide   Could not be Determined   Natural   PEGGY HOLINGA KATONA   NATURAL STREET   NATURAL S	'H ER	31. HEALTH OFFICE	NORE REALTH COMMISS	IONER CO	all	johnes	nh.	ÉD		11	Pari	nth Day Year)	
Natural   Pending Investigation   Accident   SEP 1 2001     Accident   Suicide   Could not be Determined		33. MANNER OF DEATH				1 ' '		7 34d DESCRI	BE HOW !	NJURY OCCURRED	4	´ 11;	
LAKE COUNT ACC			,			arr	n 1 1	2008				الما	
LAKE COUNT ACC		Accident  Suicide Could in Determine	ation 34e. PLA		iome, farm, stree	x. factory, office  PEGGY H	OLNO	A KATONA	nd Number	r or Rura 113	784	wn. State)	
24 DATE PRONCLINGED DEAD (Month Day Year) 34h MOTOR VEHICLE ACCIDENT? (Ves 3 no.) If yes, specify driver, passenger, pedestrian, etc.		☐ Homicide				1 AKE CC	)[ ][Y	1 80					
		1	ľ										

SBH06-004

State Form 10110 (R2/3-89)

DEA CERT/PD 1