## \* ATTENTION ESTATE: Disclosure of the SSF we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. 2007-352

## CERTIFIED COPY ISSUED BY TIPPECANOE COUNTY INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

	THE RECORDS IN	THIS SERI	IES ARE	CONFIDENTIAL PER	IC 16-1, 1	19-3	200	843	58		14-14-6-2			
TOPE/PRINT	DECEASED - NAME (First, Middle, Last)					2. SEX				MINIST U.	3a, TIME OF DEATH 3b. DATE OF DEATH Month, Day,			
N IN	Anthony			J.		Abraham		Male			April 6, 2007			
PERMANENT BLACK INK	4. *SOCIAL SECUR	CTY NUMBE	<b>JR</b> 5	AGE -9 STITT	5b. UNDE	The second second	50. UNDER 1	Mirutes	1	OF BIRTH(Mo., Day, Yr.)	i '		ndiana	
רא	316-14-025	6		L 920 L	0	000	<u> </u>			h22, 1915   Check only only S	Crown Po	<u> </u>	IIIII	
4	8a. WAS DECEDENT A U.S. VETERAN?			R LAST SERVED IN B. ARMED FORCES?	HOSPITAL: M Inpatient					OTHER Nursing Home				
	Yes			Unknown	ER/Outpatient			TRUMPINE I		Residence	A BROWN			
		(If not instit	tution, giv	e street and number)				9c. CITY, TOWN, OR LOCATION OF BEAT		R LOCATION OF DEATH	TO E IN COUNTY OF DEATH			
# DECEDENT	Home Hospi	tal						Lafa	yette	9	Tippe	canoe		
	10. MARITAL STATUS 11.			IVING SPOUSE		12a. DECEDE		INT'S USUAL OCCUPATION (Give kind of iring most of working life. Do not use retire		ATION (Give kind of work	12b. KIND OF BUSINESS/INDUSTRY			
	(Specify) Widowed	ļ	(# wife, N/A	give malden name)		Į:	Machin		WOLKEN, M	B. DOTAR DAY THE POLY	Steel			
<u>~</u>	138. RESIDENCE - STA	TE	13b. COU	NTY	3c. CITY, TOWN OR LOCATION		1		13d. STREET AND NUM					
	Indiana				Crown Point					326 Holton				
اد	13e. ZIP CODE 13f. INSIDE CITY □ No ☑ 13g. ON A FARM 46307		1 MANAT COUNTRY		15,WAS DE	CEDENT OF H	SPANIC ORIG	aN7 acify Cuban,	16.	RACE-American Indian, Black, White, etc.		17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
				WIEL CODINE	i	⊠LNO LLI' Nexican, PuentoR		1		(Specify)	Elementary/Secondary (0-12) Colle		College (1-4 or 5+)	
5			<b>t</b> - ^				,			hite	10 N/A		N/A	
-	18. FATHER'S NAME	No D						19. MOTHER'S NAME		ME (First, Middle, Mar	faiden Sumame)		····	
PARENTS	August Abraham Anne									berniak		T		
ED	20s. INFORMANT'S NA	ME (Type/P)	rint)		20b. MAILING ADDRESS (Street and Numi							l l		
☐ INFORMANT	Karen Kort	ty							S., Lafayette, IN 47905			Daughter Dic. LOCATION - City or Town, State		
DATE ISS	21a. METHOD OF DISF	POSITION	Ento		other	E AND PLACE O		ON (Name o	f cematery	, crematory, or	21c. LOCATION - CI	ty or Town, Star	•	
AII	other place) April 10, 2007											_		
	Donation C	Other (Specify)				Chapel Lawn Memor:					Schererville,		<u>N</u>	
O OFFICE TO N	228. EMBALMER'S NA	ME			22b. EMBALMER'S LICENSE NO. 23. WAS DEATH R  ☑ No						ORTED TO CORONER?  Yes			
CUMENT: fithe certification in the permandstark ARTMENT; MPED WITH IS	KEVIN	KK	JAC	5A / 1	F	2040000		4:				0.5041 HOME	<u>,</u>	
ocument.  of the certificat in the perman PARTMENT, MPED WITH	24a. SIGNATURE OF FUNERAL DIRECTOR  24b. LICENSE NUMBER 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (of Licensee)  Geisen Funeral Home FH.												9900060	
der cer e pe ME ME	1 2/ .	•	V	NIO			040000	OT		9 N, East St				
the	Ken		1	male	d the death	- // m					., 010		Approximate	
	arrest, shock, or heart failure. List only one cause on each line.  Onset and E  AUSE OF  Conditions, If any, which gave itse to the immediate cause stated the undergoop stated the undergoop.												Interval Between Onset and Death	
AL 1 ction opes pes H D S S S														
ORIGINAL Production appropriate of the control of t														
S PARSE OF														
Y DEATH □														
주울·트롤크														
Y OF A) is an ex therein COUN	cause last			a shift &	00	011	·lo.	ip	N)		Ī	- 4		
COPY copy i amed tamed to NOE (A. NO)	DART II. Other signific	reat conditions	- Conditio	ns contributing to death bu	t not previo	usty stated in Pa	n1	27. WAS D	ECEDEN	28a. WAS AI	AUTOPSY 1	so Magan	OPSY FINDINGS LE PRIOR TO	
S copy named ANOE NA. NC EAL.	PARTIT OTHER SIGNAL	OBIR CONTINUE	o comunic		·			PREG POST	NANT OF	90 DAYS PERF	WIND T	COMPL	ETION OF CAUSE	
TED this son in ECA ECA TAN								(Yes	or no)		MILLOUN	ga Kan	HO (NES OF NO)	
thal thal per IPP IND									NO	PEG	A HOPIL	TY NODITOR		
CERTIFIE rtify that the person the TIPPEC TE, INDIA	29a. CERTIFIER (Check only	d'	CERTIFYIN	G PHYSICIAN To the b	27. WAS DECEDENT PREGNANT OR 80 DAYS POSTPARTURA? (Yes or no)  Dest of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and due attended attended attended attended at the time, date, and place, and due to the Cause(s) and due attended attended at the time, date, and place, and due to the Cause(s) and due to						EDG COOM	,		
AL AL	one)		EALTH O	FFICER On the basis of e	xamination	on and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the						s stated.		
S 1S reby eath rds rds			CORONE	On the basis of examina	tion and/or	investigation, in	my opinion, de	ath occurred	at the tim	e, date, and place, and due to	the cause(s) and mar	ner as stated.	D (Morth, Day, Year)	
THIS IS A CERTIFIED COnhereby certify that this confident for the person nandecords of the TIPPECAN HAFAYETTE, INDIANAMORFICIAL RAISED SEA	296 SIGNATULE	TITLE OF C	ERTIFIER	0.15		~/	n			1010285	12	411	0/07	
CER HPIER		EGG OF DED	SON WHO	COMPLETED CAUSE OF	DEATH (I	TEM 25/Jype/Pri	70)		,	1010-55		<u>_</u>	· · · ·	
	30 NAME AND NOOR	n V C	SON WITC	MY WY	-0	510	W	120	15	m St N	hulberr	4/1	J 46058	
5 h 5	THAT OFFICE	S SICNATION	RE	home	-	010		37			32.		Month. Day () (17)	
REALTH ,2	I HU		لك	oursa in		Quity D	ANATH			/		APR	ניט בטער	
HEALTH 331	33. MANNER OF DEA	тн		34a. DATE OF INJURY	3	34b. TIME OF		JURY AT V	VORK?	34d. DESCRIBE HO	W INJURY OCCURRE	EO		
ith (%)				(Month, Day, Year).		INJURY	(10	is or no)						
M.D. Health	Natural E	Pending		ţ						[				
- / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Accident	Investigation	n	34e. PLACE OF INJURY — At home, farm, street, factory, office 34f. LOCATION						LOCATION (Street and Numl	(Street and Number or Rural Route Number, City or Town, State)			
ohlin.	Sulcide [	Could not be		building, etc.	(Specify)						<b>U13555</b>			
Soh	Homicide Determined  34a DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT?(Yes or No.) If yes, specify driver, passenger, pedestrian, etc.													
S B S	34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify arriver, passenger,										51) <b>I</b>			
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Michael D.	CHICAGO TITLE INSURANCE COMPANY										( · (			
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