

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 181-08 State No.																
Decedent's Legal Name (F     ANNA MAE PARRI		1a. Maiden Last Name (If Female)  BABB				- 1	2. Sex 3. Time Of <b>F</b> 5:30 A		Death 4. Date Of Death (Month/Day/Year)							
5. Social Security Number	ear 6	c. Under 1 Month	6e. Under 1 Hour 7. Date Of I							MARCH 4, 2008  (City And State Or Foreign Country)						
314-20-2340	6a. Age Yrs 85	Months	Day		6d. Under 1 Day Hours	Minutes	February 13, 1923				PROVIDENCE, KY					
9. Ever In U.S. Armed Forces  ☐ Yes ☒ No Unknow	Dead On Arrival	10a. If Death Occurred Somewhere Other  mival Term Care Facility ☐ Other (Specify)				Than A Hospital: Hospice Facility  Decedent's Home  Nursing Home/Long-										
11. Facility Name (If Not Institution, Give Street And Number)																
419 OXFORD CIRCL																
12. City Or Town, State, And SCHERERVILLE, IN		13. County Of Death  LAKE				14. Marital Status At Time Of Death  ☑ Married ☐ Married, But Separated ☐ D										
15. Surviving Spouse's Name	(If Wife)Give Maiden Last Name				16. Decedent's Usual Occupation				owed Never Married Unknown  17. Kind Of Business/Industry							
CLAUD RAYBURN PARRISH								SECF			RETARY			Insurance		
18. Residence – State  INDIANA				City Or Town IERERVILLE												
18c. Street And Number						18d. Apt. No.	18e. Zip Coo									
419 OXFORD CIR						NA		46375	S Yes No							
19. Decedent's Education High school graduate	ecedent Of Hispan not Spanish/	-			21. Decedent's Race White				CO							
22. Father's Name (First, Middle, Last)							Name (Firs	t, Middle, I	Last)		23a Maher's Maiden Last Name					
LEAMON BABB  24. Informant's Name  24a. Relationship to Deck						LILLIE BABB  24b. Mailing Address (Street And Number, I				1 .			SODEN CONTRACTOR			
SANDRA JAZYK	AUGHTER	419 OXFORD CIRCLE S														
25a. Method Of Disposition.	⊠ Burial □ Cross	25b. F	Place Of Disp	position (Name Of		lace Of Dispos y, Other Place)		25c. Local	tion - City,	Town, And State					-	
25a. Method of Disposition. But Burial Cremation Donation Entombment Removal From State CALUMET PARK CEMETERY  25b. Place Of Disposition (Name Of Cemetery, Other Place)  25c. Location City, Town, And State  MERRILL VILLE, INDIANA																
26. Was Coroner Contacted?  27. Name And Complete Address of Funeral Facility.  27a. Funeral Home  27a. Funeral Home  27a. Funeral Home  Pes ☒ No  CHAPEL LAWN FUNERAL HOME 8178 S. CLINE AVE., SCHERERVILLE, INDIANA 46375  FH19900051												Il Home License Num 1051	nber:			
27b. Signature Of Indiana Funeral Service Licensee:  27c. License Number (Of Licensee)																
Lak Younty Recorder! PD205 200 07															_	
Cause Of Death (See Instructions And Examples)  28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cuse Interval: Onset																
A Line. Add Additional L Immediate Cause (Final	ines If Necessary	/.		A.	Sec. 1	elu t				3		1 10		Mo Death	لئ	
Sequentially List Condition	ons, If Any, Leadi	ng To The Cau	se Listed (	On B.	Dubil	- 1 A		Dule To (Or A	As A Conseque	ence Of):	1926	100		Week	٥	
Line A. Enter The Under The Events Resulting In	rlying Cause (Dis Death) Last	ease Or Injury	That Initiat	c c	Progre	soire	Den	Due To (Or A	s A Conseque	ence TEV	202			Jua	<u>ل</u> ام	
Part II Enter Other Significan	ot Conditions Contrib	uting To Death Ru	t Not Paculti	D.	das Causa Sixan la F	Oart I		Due to (Or A	AS A Conseque	GGY HO	LING	KATC	IOR_			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I  29. Was An Autority And															)	
31. Did Tobacco Use Contrib	ute To Death?	32 If F	emale:	AF CC	wus	ER'S O				33. Manner C						
Yes Probably M No Un		Not	Pregnant Withir Pregnant, But F me Of Injury	Pregnant 43 Days To 1	nant At Time Of Death I Year Before Death I	Unknown if Pregna	ant Within The	Past Year		■ Natural □ 1 □ Suicide □ 0 on Site, Restaurar	Could Not Be D	etermined	-	niury At Work?		
NA		NA		THIS OF BUILD	ESTEE VINA	15, A. HAUL.							1	☐ Yes   No		
38. Location Of Injury - State		38a. C	ity Or Town	LANCE CONTRACT	NA	Street & Number	1112				38 N	c. Apt. No.	38d. Z	p Code		
39 Describe How Injury Occur	MAR	7309				40. If Transportation Injury, Specify:										
41. Signature, Of Person Certifying Cause Of Death:										Driver/Operator Passenger Pedestrian Other (Specify)  2. Certifier (Check Only One)						
nd	☑ Certifying Physician ☐ Coroner ☐ Health Officer															
43. Name, Address And Z	ip Code Of Person	n Certifying Cau	se Of Deat	th: Z	00 €.	80th	M.			- 1	ense Numbe		45. Date	_		
46. Additional Funeral Service	e Provider: NA	محدثه	· h	n a	errin.	الو , عاد	<u>ښ.</u>	4 le	<u> 614</u>		<u>いろる</u> kas: NA	371A	3.	5.0X		
48. Signature of Local Health						49. For Re	gistrar On	ly - Date F	Filed (Month	n/Day/Year):		04	TAT	4 L		
	Media	m u)	Ou,	ot o	.O.		N N	anda	5.2	008		U1	516	) ~	-	

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in of Particular Control of the State agency in of the S

NAME OF WILD CONTROL AS A STATUTORY RESPONSIBILITY. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS by THIS SERIES ARE CONFIDENTIAL PER IC 18-3 7-1-10

K# 45-11-08-402-023.000-036