Hillcrest Heights 3rd Add Unit 3 Lot 17 Block 5 45-09-28-481-037.000-018

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Sec

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| | cal No; | 225 | - 9B | **** | | | | | 1 2 - | | | | ~~~ | |
|--|-----------------------------------|---------------------------|---------------------------------------|--------------------------------------|---|-----------------------|---|------------------------------------|---------------------------|-----------------------------|--|----------------------|---|--|
| 1. Decedent's Legal Name (Fi | | | | | 1a. Maiden Last N | ame (If Ferr | ale) | | ^{2. Sex} Male | - 1 | ne Of Death | | eptember 20, 200 | |
| George Harolo 5. Social Security Number | G ETVITI 6a. Age – Yrs | 6b. Under 1 Ye | ear 6 | ic. Under 1 Month | 6d. Under 1 Day | 6e. Unde | r 1 Hour | 7. Date 0 | 1 | th/Day/Year) | | | eptember 20, 200 tate Or Foreign Country) | |
| 314-38-9245 | 72 | Months | |)ays | Hours | Minutes | | | 11, 19 | | Paoli | , Indiar | na | |
| 9. Ever In U.S. Armed Forces 2 Yes □ No Unknown □ | . ! _ | eath Occurred In A | | ent Outpatient 🔲 t | Dead On Arrival | | | Somewhere O | _ | Hospital: sing Home/Long | -Term Care Fa | cility 🔲 Othe | er (Specify) | |
| 11. Facility Name (If Not Insti | | | · · · · · · · · · · · · · · · · · · · | | | 1 | | | | | | | | |
| Sebo's Nursir | | ab Cente | er | | | | 13. County Of | Death | | | 14. Marital | Statu At Tim | e Of Death | |
| Hobart, Indiana 46342 | | | | | | Lake | | | | | Married Method, But Separated Divorced Widowed Never Married Unknown | | | |
| 15. Surviving Spouse's Name 15a. (If Wife) Sive Maiden Last Name | | | | | | | | | | | 17. Kind Of Busine Is/Industry | | | |
| Marilyn Jean Ervin Sutton | | | | | | Steelworker Steel | | | | | | | | |
| 18. Residence – State 18a County | | | | | | 18b. City Or Town | | | | | | | | |
| Indiana Lake 18c Street And Number | | | | | | Hobart 18d. Api. No | | | | 8d. Apt. No. | Output 1 | | | |
| 3112 E. Cleveland St. | | | | | | | | | | | 4 | 6342- | A Yes No | |
| 19. Decedent's Education | | | | Decedent Of Hispan | - | | 1 | ecedent's Race | ' | | - | U | O, | |
| 22. Father's Name (First, Mio | 12 Idle, Last) | | No | not Spani | sh/Hispani | | | TITE irst, Middle, Las | st) | | | 23a. Mother | s Maiden Last Name | |
| George Oliver Ervin | | | | | | Min | Minnie Ervin | | | | Mosson | | | |
| 24. Informant's Name 24a. Relationship To Decedent | | | | | | | 24b. Mailing Address (Street And Number, City, State, Zip Code) | | | | | | | |
| Marilyn Jear | n Ervin | | 7 \ | Nife D | OC11 | | 2 E. C | levela | na Si | • • | | | | |
| 25a. Method Of Disposition. Burial Cremation Cremation Removal From State | Donation 🔲 Ento | m bment | / ' | NO | Cemetery, Cremator remation | 7 7 | IC | Gary | | in, And State | 408 | 34.00 | E To | |
| Other (Specify): 26. Was Coroner Contacted | ? 27 | | | s Of Funeral Facility | | ist | | rope | | of | | | Funeral Home License Number: | |
| Yes 💋 No | | | ral Ho | me, 600 W | est Old Ric | dge Ro | I. P.O. E | 3ox 488 | | | | C. 754 | H83603069 | |
| 27b. Signature Of Indiana Fu | eneral Service Lice | insee: | 15 | sau | Sl | | | | | D0100 | | 137 Mg | | |
| 28. Part I. Enter The <u>Cr</u> Such As Cardiac Arrest, A Line. Add Additional L | Respiratory Ar ines If Necessa | rest, Or Ventricu ary. | dar Fibrilla | omplications—Ti ation Without Sho | e Of Death (Se hat Directly Cause owing The Etiolog | ed The De | ath, Do Not | t Enter Term | inal Events | se On | | ב קרוני קרוני | Approximate Interval: Onset | |
| Immediate Cause (Final | Disease Or Co | ndition Resulting | g In Death | | | | 7000 | Due To (Or As A | A Consequence | YUW | mp | 13 | | |
| Sequentially List Condition Line A. Enter The Under The Events Resulting In | rlying Cause (E | | | | | C | uppi de | Due to (Ox As I | Consequence | Of): | 10010 | س_ | | |
| | - | | | D. | | | | Due To (Or As | A Consequence | Of): | | | | |
| Part II. Enter Other Significan | nt Conditions Cont | nbuting To Death B | out Not Resu | ulting In The Underl | ying Cause Given In F | Part I | Milli | 29. Was An . 30. Were Au | | formed? gs Available To | | Z No Cause Of Dea | ath? Yes ZNo | |
| 31. Did Tobacco Use Contrib | oute To Death? | SF P32 7 | 0.20 | 908 | Zi CRU | 200 | 0.00 | | | 33. Manner Of | | | | |
| Yes 🗆 Probably 🗆 No 🗆 U | | JCI No | t Pregnant Wit t Pregnant Bu | thin Past Year Preg | nant At Time Of Death Year Before Death | Not Pregna | nt, But Pregnant I Pregnant Within T | Within 42 Days Of The Past Year | - 1 | Surfatural D Ho | | | Investigation | |
| 34. Date Of Injury (Month/Da | | | | WATUNA UDITOF | | lace Of Injur | y (E.G., Dece | dent's Home, C | | Site, Restaurant, | | | 37. Injury At Work? ☐ Yes ☐ No | |
| 38. Location Of Injury - State | | | City Or Tow | | | Street & Nur | nber | | | | 38c. A | upt. No. | 38d. Zip Code | |
| | | | Ì | | Series N | DIANA | ini | | | | | 1 | | |
| 39 Describe How Injury Occu | benu | | | | | | | | | | ortation Injury, | • | | |
| | | | | | | | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | ☐ Driver/Opera | Kor ∐ Passeng | er ∐ Pedestria | an 🗖 Other (Specify) | |
| 41. Signature, Of Person Če | ertifying Cause Of | beam | | | | | | - 1 | | Check Only One | | lealth Officer | 1104 | |
| 43. Name, Address And Z | | | | | | ••• | | | : Ceruiyir | 44. Licer | se Number | 14 | 15. Date Certified | |
| Jose Agusti MD, 2640 Hamstrom Road, Portage 46 Additional Funeral Service Provider | | | | | | , IN | IN 46368 | | | | 01061624A 9-26 | | | |
| | | | | | | | | | | 47. *Aka | . | 0 | 152 75 | |
| 49 Signatum of Local Health | Officer | | | | | | | | 0 5 | -4 0-4- 0- | | /D = -0/ | | |

26,