INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

45-07.21.433.021-000-026

Local No					State No				
1. Decedent's Legal Name (First, Middle, Last) Claude Franklin Harmening			lame (If Female)				7 Time Of Death 4. Date Of Death (Month/Day/Year) 2:02 AM October 6, 2008		
	der 1 Year 6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date O	of Birth (Month/Day/Year		1	r Foreign Country)	
311-16-2208 88 Months	Days	Hours	Minutes	FEBRU	ARY 17, 192	0 Fayet	ttevil	le TN	
9. Ever In U.S. Armed Forces? 10. If Death Occurre	•		10a. If Death Occurred Sor	newhere Ot	her Than A Hospital:				
Yes No Unknown Market Market Not Institution, Give Street And Number) Market Not Institution, Give Street And Number) Market Not Institution, Give Street And Number)									
The Community Hospital									
12. City Or Town, State, And Zip Code	13. County Of Death			1	14. Marital Status At Time Of Death				
Munster, Indiana 46321 15. Surviving Spouse's Name			Lake			Married ☐ Married But Separated ☐ Divorced ☐ Widowed ☐ Nevertharried ☐ Unknown			
Julia Harmening Siebielec			16. Decedent's Usual Occupation Lab Tech			17. Kind Of Busin ssm Justry Oil			
18. Residence – State 18a. County			18b. City Or Town						
Indiana	Lak		Highland			0			
18c. Street And Number			18d Apt. No.			18e. Zip Code 18f. Inside City Limits?			
3149 Highway Avenue						l l	22 ~	₹Yes □ No	
19. Decedent's Education 20. Decedent Of Hispanic Orig		ic Origin	21. Decedent's Race				ω		
1 year college 22. Father's Name (First, Middle, Last)			White 23. Mother's Name (First, Middle, Last)			732	23a. Mother's Maiden Last Name		
Grover C Harmening			Flaut E Harmening			Mason			
24. Informant's Name 24a. Relationship to Decedent			24b. Mailing Address (Street And Number, City, State, Zip Code)			2)	1 IdSOIT		
Julia Harmening Wife -> 3149 Highway Avenue, Highland, IN 46322									
25a. Method Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location – City Town, And State									
St Burial									
Other (Specify):				Gaı	ry, India	And the state of t	Annual Control of the		
□ Yes □ No Fagen A	Complete Address Of Funeral Facility Miller Funeral	. Home 28	28 Highway	Ave.	, Highland	1, IN⊆463		al Home License Number: -183003035	
Signature Of Irdiana Fungandaniae Licenses					27c. License Numl	er (of Licen ses):			
28. Party Enter The Chain Of Events—Diseases.	Cause	o Of Death (See	Instructions And Ex	camples		76.			
28. Part Finter The Chain Of Events—Diseases, Such Accardiac Arrest, Respiratory Arrest, Or Ven A Line. Add Additional Lines If Necessary.	Injuries, Or Complications—Th tricular Fibrillation Without Sho	nat Directly Caused wing The Etiology.	d The Death, Do Not Ent. . Do Not Abbreviate, Ent	er Termina ter Only O	al Events ne Cause On		25	Approximate Interval: Onset	
Immediate Cause (Final Disease Or Condition Resu	ulting In Death A.	espirati	ory fail	~				To Death	
Sequentially List Conditions, If Any, Leading To The Cause Listed On B. Chronic Obstructive pulmonary Deserve									
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting in Death) Last									
	D.	<	Due	To (Or As A Co	onsequence Of):				
Part II. Enter Other Significant Conditions Contributing To De	ath But Not Resulting in The funderlying	ng Cause Given in Pa	PR V		topsy Performed?	□ yes □ No			
31. Did Tobacco Use Contribute To Death?	32 If Female:	Er O'F		vvoic Autop			Of Death?	Yes No	
☐ Yes ☐ Probably M No ☐ Unknown	□ Not Pregnant Within Past Year □ Pregna □ Not Pregnant, But Pregnant 43 Days To 1		Not Pregnant, But Pregnant Within 4	2 Days Of Dea	33. Manner O ath □ Natural □ H	Death: omicide 🗖 Accident 🗖 P	ending Investigation	n	
	15. Time Of Injury		Unknown If Pregnant Within The Pas ce Of Injury (E.G., Decedent's		□ Cufaida □ C	would block the Disks. 1 1		njury At Work?	
38. Location Of Injury - State		E. 10	CALL ALITY			F		es No	
38 Cocation of injury - State	8a. City Or Town	ne estationed by	eet & Number «SOVE 15 A TS 1E AND 1			38c. Apt. No.	38d.	pde	
39 Describe How Injury Occurred	V 00	ORY OF THE CORDS	FICATE OF DEATH ON FILE HICEPARTMENT	WITH THE	40 lf Trans	NOV	17 20	5/1	
					☐ Driver/O	EGO: 10/1997 . Q.P	edestrian 🗆 Othe	U (Specify)	
41. Signature, Of Person Certifying Cause Of Death:	-01		T 0 7 ZUO8	1 42	L	AKE COLL	-INGA I	KATOM	
Won strick Folio				40. If Transportation Injury, Special Driver/One Coroner Health			VTY AL	JDITOP	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:			,		44. Lice	nse Number	45. Date C	Certified	
46. Additional Funeral Service Provider:	re. Mundon	IN 46	32/				18/7	108	
					47. *Aka	s:	₹,)_	
48. Signature of Local Health Officer:	But an				or Registrar Only - Da		•	£6.*	
Swam DBut. D.O.						7,20	70 B	≺	