ESUBMIT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local N		1630-08	· >	.			S	State No		04 Day 14 (14 - 14 (17		
Decedent's Legal Name (First, Mid		1a. Maiden Last Name (If Female)		2. Sex	3.11	me Of Death	4. Date	Or Death (Worthin)	ayrrear)			
Kimberly 5. Social Security Number 6a.			6c. Under 1 Month	Walt 6d. Under 1 Day	ers Fema. Ge. Under 1 Hour 7. Date Of Birth (Mont		nale 4:	19 a.m. 8. Birthplace (City	Oct. And State	19, 20 Or Foreign Countr	008	
347-54-1521	50	Months	Days	Hours	Minutes		-	Chicago	, IL	,		
9. Ever In U.S. Armed Forces?						10a. If Death Occurred Somewhere Other Than A Hospital:						
Yes No Unknown 11. Facility Name (If Not Institution,		atient XX Emergency De And Number)	partment Outpatient	Dead On Arrival	☐ Hospice Facility ☐	Decedent's Home	Nursing Home/Long	-Term Care Facility	Other (S	pecify)		
St. Mary Med	ical	Center			T			1	A. T	(B. 1)		
2. City Or Town, State, And Zip Code									14. Marital Status At Time Of Death Married Married, But Separated XI Divorced			
Hobart								☐ Widowed ☐	☐ Widowed ☐ Never Married ☐ Unknown 17. Kind Of Business/Industry			
Surviving Spouse's Name 15a. (If Wife)Give Maiden Last No.					e 16. Decede	ent's Usual Occupation						
None Residence – State 18a. County					ACC(Com	Computer Software					
	Indiana Lake				Lake Station				9			
1101ana 18c. Street And Number			Lake		Lake St	tation	18d. Apt. No.	18e. 🗪) Dode	18f. Inside	City Limits?	
								_	-	X 0 Yes □	l No	
2367 Vigo St 19. Decedent's Education	•		20. Decedent Of Hispar	nic Origin	21. Dec	cedent's Race]	464			-	
Masters No					African American				8			
2. Father's Name (First, Middle, Last)					23. Mother's Name (First, Middle, Last)				Z3a, Mother's Maiden Last Name			
Ray Madden			Marlene Gant				Walters					
Informant's Name 24a. Relationship To Decedent					24b Mailing Address (Street And Number, City, State, Zip Code)							
Marlene Gant Mother					6718 S. Racine Chicago, IL 60636							
25a. Method Of Disposition		25b. Place	Of Disposition (Name Of		Place Of Disposition ry, Other Place)	25c. Location - City,	Town, And State					
☑ Burial ☐ Cremation ☐ Donat ☐ Removal From State ☐ Other (Specify):	ion 🗌 Ento	1	incoln Cen	netery	FFIC	IAchica	igo, ; IL	,				
26. Was Coroner Contacted? No No	27.	. Name And Complete Al Coleman Hi	cks 101 N	. Karwic	ck Rd. Mich	igan Cit	y, IN	T C	3 9	900066	se Number:	
7b. Signatur Of Inglana Funeral Service Livensee:				27c. License Number (Of Licensee)					24 2)) ^!	
-					e Instructions And		g. 11 to brown account	O.	_ _	<u> </u>	ere F	
28. Part I. Enter The <u>Chain C</u> Such As Cardiac Arrest, Resp A Line. Add Additional Lines I	iratory Arr	rest, Or Ventricular F		owing The Etiolog	y. Do Not Abbreviate.	Enter Only One C	ause On COPY	OF THE OFFICE A	ATE OF D	EATH CONTROL	ximate al Orise ath	
Immediate Cause (Final Disea	ise Or Co	ndition Resu <mark>lting In C</mark>	Death A.		Respirato			1,000	S ANIME	2		
Sequentially List Conditions, I	f Anv. Lea	iding To The Cause !	Listed On B.	Corona	ary Artery	Artery Disease		MOVE	NOVE SO			
Line A. Enter The Underlying The Events Resulting In Deatl	Cause (D			Diabet	etes Mellitus Due To (Or As A Consequence Of)			7,000				
·	•					Due To (Or As A Consequ	ence Of):				-	
Part II. Enter Other Significant Con-	ditions Cont	ributing To Death But No	D. t Resulting In The Underl	lying Cause Given In	Part I	29. Was An Autopsy	Performed?	□Yes No	,			
				150	Williams Of the	30. Were Autopsy Fil	ndings Available To	Complete The Caus	Of Death?		□- No	
31. Did Tobacco Use Contribute To	Death?	32 If Fema		lă.			33. Manner Of	Death:				
Yes Probably No Conknown		Not Pregn	ant Within Past Year	1 Year Before Death	☐ Not Pregnant, But Pregnant W ☐ Unknown if Pregnant Within Tr	ne Past Year	Suicide 🛘 Ci	omicide 🔲 Accident 🗖				
34. Date Of Injury (Month/Datase)	35. m	Of Injury	36. P	Place Of Injury (E.G., Deced	ent's Home, Construct	tion Site, Restaurant	, Wooded Area)		37. Injury At Work		
38. Location Of Injury - State		38a. City O	Tour	201	WOIANA			1 30 A-1 N		Yes 🔲	No	
	AV C		1 TOWN	300.	Street & Number			38c. Apt. N). Su	. Zip Code		
30 Describe How Injury Occurred		2 6 2008					40. If Transi	portation injury, Spec	fy:			
39 Describe How Injury Occurred PEGGY	HOL	INGA KATO	NA	//_	/			railor Passenger D		Other (Specify)	00	
41. Signature, Of Person Certifying	Cause Of	TY AUDIT	1	31 0 8			 ifier (Check Only On rtifying Physician □	ne) Coroner Health	Officer	1	1 AS	
43. Name, Address And Zip Co Mary Prem, MD	de Of Pers	son Certifying Cause (Of Death iso Ct. M	unster,	IN. 46321		44. Lice	0106322	45.	Date Certified	Q.	
46. Additional Funeral Service Prov Burton Funeral		IL 60636 47. *Akas:				018569						
48. Signature of Local Health Office						49. For	Registrar Only – D	ate Filed (Month/Day	Year):			
~	Susa	an w E	Sut 1).O.			\mathcal{C}	other	,31	-2008		
tate Form 10110 (R7/9-07) ATTENTIO	N ESTATE: Th	e Social Security # is being reg	uested by this state agency in	order to oursue its statutor	v responsibility. Disclosure is volum	ntary and there will be on ne	enalty for refusal THE RE	CORDS IN THIS SERIES	ARE CONFIR	PENTIAL PER IC 15.3	-1-10	

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