12.16

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	Local No 244 () - C4 December's Length Name (Fest Metrilla Last) 1 a Maiden Last Name (If Female) 1 Sex 3 Time Of Death 4 Date Of Death (Month/Dav/Y-												Al		
	1 Decedent's Legal Name (First. Middle Last) THELMA PATRICIA DAMRON MARTIN						lame (If Female)			Female 01:25		, ,		`	
	5 Social Security Number 6a Age - Yrs 6b Under			b Under 1 Year	6c Under 1 Mont		6e Under 1 i			Birth (Month/Day/Y		thplace (City And Si narleston, _	d State Or Foreign Country)		
	235-66-2812 65 Months 9 Ever In U.S. Armed Forces? 10. If Death Occurred in A.H.				Days Hours			10a. If Death Occurred Somewhere Othor Ti					120		
	☐ Yes No Unknown							☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Otters pecify)							
	THE COMMUNIT		-												
CK 4 45-07-	12 City Or Town, State, And Zip Code MUNSTER, IN 46321-						LAKE				14 Mantal Status Al T no Death Married Married Separated Divorced Widowed Never Manied Unknown				
	15 Surviving Spouse's Name N/A				15a (If Wil	fe)Give Maiden Last Nam		16 Decedent's Usual Occupation Crossing Guard			11	City of Hammond			
					a County		4	18b City Or Town HAMMOND				0			
	19c Street And Number 7445 MARSHALL AVENUE							18d Api No 18e Zip Code 46323					M	II. Inside City Limits? Yes □ i4o	
									Decedent's Race Vhite						
	22 Father's Name (First, Middle, Last) HORACE FARMER						23 Mother's Name (First, Middle, Last) NOLA FRYE				FRYE.			st Name	
	24. Informant's Name 24a. Retailoyship to Deced						t 24b. Mailing Address (Street And Number,								
	DONALD DAMRON SON DOCU							RANTON osition	AVEN	DE, HIGHL		46322 - 0	•		
	25a Method Ol Disposition 25b Place Of Disposition (Name Of Genetics, Granulary, Other Place) 25c Location - City, Town, and State Carry IN Carroll Cremation Serv. Carry IN Carroll Cremation Serv. Carroll Cremati														
	271 Signature Of Indiana Funeral Service Licensee									27c Licanse Number (Of Licensee): FDO8601373					
5 1310	Cause Of Death (See Instructions And Examples) 28 Part I. Enter The Chain Of Events—Diseases, Injunes, 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 Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death A Metastropy Cause Of Death (See Instructions And Examples) Approximate Interval. Onset To Carrie To Cause On To Cause Of Death (See Instructions And Examples) Approximate Interval. Onset To Carrie To Cause On To Cause Of Death (See Instructions And Examples)														
Lot	Sequentially List Condi Line A. Enter The Und The Events Resulting I	tions, If	Any, Leading Cause (Diseas	To The Cause	Listed On B END Stay of the Unitiated C				0 (0.71071	Carcinoma of Dim					
pual	Due to (Or As A Consequence OK Part In Enter Other Significant Conditions Contributing 5 Death ULN Results on the U.So. ling Cause Given In Part II 29 Was An Autopsy Performed 7 Yes No. 30 Were Autopsy Findings Available 1 o Complete The Cause Of Death 7 Yes No.														
٤	31 Did Foburco Use Cont	nbute To	Death?	A P P on	1 ∞E 2000		33 Manner of Death						Yes 💢 No		
Ha	☐ Yes ☐ Prohabiy ☐ Ny ☐			☐ Not Free	nani Willin Fast Year				hillhro, The Past Year						
+ Add	34. Date Of injury (Month/(Jay/Year)	PEG(GY HOL	NGA KAT	Place Of Injury (ace Of Injury (E.G., Decedent's Home, Construction			staurant, woode	d Area)	1 ' '	es No		
	38. Location Of Injury - State 38 a. Crit				or Town AUD	Street & Numb	Street & Number			38c Ap		38d. Zip Code			
ا م	39 Describe How Injury Occurred							40 II Transporation Injury, Specify □ Driver/Operator □ Passenger □ Pedestran □ Other (Specify)						pecify CS	
oxan	41. Signature, Of Person Certifying Cause of Death							42. Certifier (Check Only One) ✓ Certifying Physician ☐ Coroner ☐ Health Officer							
Ro	43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SATISH PATEL, M.D. 9108 COLUMBIA AVENUE, MUI							ISTER, IN 46321-			14. License Nun	1343	45. Date Cer	7/09	
	46 Additional Funeral Service Provider							47 'Akas					62		
	48 Signature of Local Health Officer Sustain DEST D.O.							49 For Registrat Only - Date Filed (Month/Day Q.Q.2862						O Æ	
	State Form 10110 (R7/9 07)	ACTENTION	ESTATE The Sous	al Security # is being #	quested by this state age	ncy in order to pursue its statuto	ry:esponsitility Di	sclosure is voluntar	ry and there will	being penalty for refusa	THE REGORS IN	THIS SERIES ARE GON	FIDENTIAL PER	(AC 16-3 7-1-10	