TTENTION ESTATE	: Disclosure of the
	e our responsibilities will be no penalty for

INDIANA STATE DEPARTMENT OF HEALTH

COP	\mathbb{N}
-----	--------------

voluntary and	there will t	se no	penalty
usal.*			

CERTIFICATE OF DEATH State No. 95~0560

cal No	THE RECORDS IN THIS SEE	OF ARE CONFIDEN	TIAL PER IC 16-1-19-5	3					1 2 2 2 2 2 2	F 1 T 1 (0	O. Val
	THE RECORDS IN THIS SET					2. SEX		38 TIME OF DEATH	3b. DATE OF D	-	. Day Yes Haas
YPE/PRINT	1 DECEASED—HAME	ura M. Ed	die _			Fema	e DE BIRT	H (Mo. Day. Yr)	7. BIRTHPLACE (C		or Foreign Country)
IN _	4. *SOCIAL SECURITY NUMBER	5a AGELast	Birthday Sh UNDER		5c UNDER 1	DAY 6. DA	IE UF BIRT				
ERMANENT	423-52-1042	(Years)	Months	Days	Hours	7 1	<u>ly 9</u>	1940	Birming	hatto	Alabama
BLACK INK	Y LOCAL CENTRE IN THE SERVED IN										
	A U.S. VETERAN?	U.S. ARMED FORCE	HOSPITAL	Inpetient			OTHER	_	Uner (Specify)		
	N -	N/A		ER/Outs	setient DO	DA	00100	ATION OF DEATH	9d. COUNTY	OF DE	
	NO 9b FACILITY NAME (If not institut	tion, give street and number	er)		94	c. CITY, TOWI	N, OH LOC	ATION OF BEATT		· N	
CEDENT	1					Ga	r y		12b. KIND OF I	L KO	DUSTRY
OLD I	230 Hove	11. SURVIVING SPOU	ISE	10	a. DECEDENT	T'S USUAL OC	CUPATION	N (Give kind of work not use retired)	125. KIND OF	ne N	
	10. MARITAL STATUS (Specify)	(If wife, give maiden	name)	1,	lonema					T P	
	Widowed	<u> </u>	Lan CITY I	OWN, OR LO		1111	13	3d. STREET AND NU	MBER		
	13a. RESIDENCE-STATE	13b. COUNTY	130.00					230 Ho	vev St	reet_	
	Indiana	Lake		Gar	HISPANIC O	RIGIN?		American Indian.	17 0	ECEDENT'S	EDUCATION grade completed)
	13e. ZIP CODE 13f. INSIDE CI	ITY LIMITS 14. CITIZE	COUNTRY? XCX	<no td="" ye<="" □=""><td>6 (it yas. s</td><td>pecify Cubán.</td><td>Black (Spec</td><td>(White, etc.</td><td>Elementary/Secon</td><td></td><td>College (1-4 or 5 +)</td></no>	6 (it yas. s	pecify Cubán.	Black (Spec	(White, etc.	Elementary/Secon		College (1-4 or 5 +)
			Мехіс	en, Puerto Rici	en. etc.)	ļ			Elemental y/Secon	1001) 10 741	3 yrs.
	13g. ON A FA		USA				Blac				1 3 7 1 5 -
	46408 EM	U Yes I						(First, Middle, Maiden	de tida		() ·
ARENTS	18. FATHER'S NAME (First Midd					Qun	nie	Bolding	·) waysow	The same of the sa
	Sam Balla		20	Oh MAILING	ADDRESS (Sir	eet and Numbo	er or flural F	Route Number, City or	Town State: Zip Co	. r	Relationship
FORMANT	20s. INFORMANT'S NAME (Typ		",	2052	Fact	112 0	leve	eland, (<u>44-</u> hio)	TOH	Mother
1, 0, 1,0,1	Qunnie Bol	ding		AND DIACE	OF DISPOSITI	ON (Name of	emetery, c	remetory, or	21c. LOCATION-	City or Liber.	. Suite
	218. METHOD OF DISPOSITION	N Entombment	21b. DATE	AND PLACE	Or Distrocit	July	21	, 1995	\Box .	Traa	
-	Buriel Cremetion	Removal from St	late 100		iten				Gany	Ind	i ana
Š	Donation Dother (Sp.	ecify)	- Oal			etery	23	WAS DEATH REPO			3-22
	228. EMBALMER'S NAME:			EMBALMER'S		A		√D No □C	'es		
ISPOSITION	Patrician	Owens		08700					# APP OF	ELINERAL H	HOME 83007704
	24. SIGNATURE OF FUNERAL	DIRECTOR This	s Docum	e1246. U	CENSE NUMB	brop	GUY				irectors, 'I
f.	24a. SIGNATURGO TOTAL		to I also		of Licensee) 3700298	R	295	y west	Trin wa	enue	
		Le	the Lake	Cou	Mey A	ecor	Gar	v. Indi	na 464	04	
•	Jan	sesses, injuries, or complic	and the ste	The not en	nonspecific	terms, such as	cerdisc or i	respiratory	,		Approximate Interval Between
\ \	26. PART I. Enter the dis	seases, injuries, or complic k, or heart failure. List only	estions that caused the our	Jilli, po no.		1	}	(/			Onset and Death
9	arrest, shoc		A To (A	in	~ L	rece	husien			
C	IMMEDIATE CAUSE (Final		DUE TO TOR AS A C	ONSFOUEN(F.OF):	1 1.			_		
_	disease or condition resulting in death)		The state of the s	0	las	10	ula			130	
AUSE OF	γ	b	DUE TO COR AS A C	ONSEQUENC	E OF):				M.	11 13	2009
/Lm:-	~` I		DOC J P TOTTION								
	Conditions, if any, which gave rise to the immediate cause.		V.						mi A		
	rise to the immediate cause.	с.	DUE TO (OR AS A C	ONSEQUENC	CE OF):				PLGGY H	 OLING	A KATONA
	rise to the immediate cause.	c.	V .	CONSEQUEN	CE OF):					OLING	AUDITOR
	rise to the immediate cause. stating the underlying cause last	d.	DUÉ TO COR AS A C			27. WAS DE	CEDENT	28a. WAS	AN AUTOPSY	OLING	ABLE PRIOR TO
	rise to the immediate cause.	d.	DUÉ TO COR AS A C			PREGNA	INT OR 90	28a. WAS	AN AUTOPSY PRMED?	OLING UNITY 28b. WERE AVAIL COMP	ABLE PRIOR TO LETION OF CAUSE
	rise to the immediate cause. stating the underlying cause last	d.	DUÉ TO COR AS A C			PREGNA POSTPA (Yes or	INT OR 90 IRTUM? no)	DAYS 28a WAS PERFO	AN AUTOPSY PIMED?	OLING UNITY 28b. WERE AVAIL COMP	ABLE PRIOR TO
	rise to the immediate cause. stating the underlying cause last	1	DUE TO (OR AS A Country of the count	viously stated	in Pari-I.	PREGNA POSTPA (Yes or No	INT OR 90 IRTUM? no)	DAYS PERFO	AN AUTOPSY PIMED? 7 70)	OLING UNITY 28b. WERE AVAIL COMP	ABLE PRIOR TO LETION OF CAUSE
	rise to the immediate cause, stating the underlying cause lest		DUE TO (OR AS A Country of the count	viously stated	in Pari I	PREGNA POSTPA (Yes or No	NT OR 90 RTUM? no)	DAYS PERFO	AN AUTOPSY IPMED? 7 70) NO a) as stated.	OLING PUNTY 28b. WERE AVAIL COMPL CF DE	AAJSTITOR ABLE PRIOR TO ALETION OF CAUSE ATHY (Yes or no)
	rise to the immediate cause, sasting the underlying cause lest PART II. Other significant cond	CERTIFYING PHYSIC	DUE TO (OR AS A Conting to death but not pres	knowledge, de	in Pari I.	PREGNA POSTPA (Yes or NO NO It the time, date,	NT OR 90 ARTUM? no) and place. occurred st	DAYS 28a. WAS PERFO (Yes of	AN AUTOPSY PMED? r no) a) as stated.	OLING 28b WERE AVAIL COMP GF DE	AAJJITOR ABLE PRIOR TO LETION OF CAUSE ATHY (Yes or no)
	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond 29a. CERTIFIER (Check only one)	CERTIFYING PHYSIC	DUE TO (OR AS A Conting to death but not pres	knowledge, de	in Pari I.	PREGNA POSTPA (Yes or NO NO It the time, date,	NT OR 90 ARTUM? no) and place. occurred st	DAYS 28a. WAS PERFO (Yes of	AN AUTOPSY PMED? r no) a) as stated.	OLING 28b. WERE AVAIL COMP OF DE	AAJSTITUTE ABLE PRIOR TO LETION OF CAUSE IATHY (Yes or no) sted.
	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond 29a. CERTIFIER (Check only one)	CERTIFYING PHYSIC	DUE TO (OR AS A Country of the count	knowledge, de	in Pari I.	PREGNA POSTPA (Yes or NO NO It the time, date,	AT OR 90 ARTUM? no) and place. occurred at	and due to the caused the time, date, and place, and pl	AN AUTOPSY IRMED? r no) a) as stated. ce, and due to the cuse(s)	OLING 28b. WERE AVAIL COMP OF DE	AAJJITOR ABLE PRIOR TO LETION OF CAUSE ATHY (Yes or no)
	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond 29a. CERTIFIER (Check only one)	CERTIFYING PHYSIC	DUE TO (OR AS A Conting to death but not pres	knowledge, de	in Pari I.	PREGNA POSTPA (Yes or NO NO It the time, date,	AT OR 90 ARTUM? no) and place. occurred at	DAYS 28a. WAS PERFO (Yes of	AN AUTOPSY IRMED? r no) a) as stated. ce, and due to the cuse(s)	OLING 28b. WERE AVAIL COMP OF DE	AAJSTITUTE ABLE PRIOR TO LETION OF CAUSE IATHY (Yes or no) sted.
ERTIFIER	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond 29a. CERTIFIER (Check anly one) 29b. SIGNATURE AND TIFE	CERTIFYING PHYSIC HEALTH OFFICER CORONER On the OF CERTIFIER	DUE TO (OR AS A Consuming to death but not present of the basis of examination and/	knowledge, de on end/or investigation	seth occurred a supetion, in my opinion	PREGNA POSTPA (Yes or NO NO It the time, date,	AT OR 90 ARTUM? no) and place. occurred at	and due to the caused the time, date, and place, and pl	AN AUTOPSY IRMED? r no) a) as stated. ce, and due to the cuse(s)	OLING 28b. WERE AVAIL COMP OF DE	AAJSTITUTE ABLE PRIOR TO LETION OF CAUSE IATHY (Yes or no) sted.
:ERTIFIER	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond 29a. CERTIFIER (Check anly one) 29b. SIGNATURE AND TIFE	CERTIFYING PHYSIC HEALTH OFFICER CORONER On the OF CERTIFIER	DUE TO (OR AS A Consuming to death but not present of the basis of examination and/	knowledge, de on end/or investigation	seth occurred a supetion, in my opinion	PREGNA POSTPA (Yes or No to the time, data, opinion, death occurre	NT OR SO RATUM? no) and place. occurred at the time	and due to the cause(the time, date, and place, and 29c. MEDICAL LICEN	AN AUTOPSY IRMED? r no) a) as stated. ce, and due to the cuse(s)	OLING 28b. WERE AVAIL COMP OF DE	AAJSTITUTE ABLE PRIOR TO LETION OF CAUSE IATHY (Yes or no) sted.
:ERTIFIER	rise to the immediate cause, stating the underlying cause lest PART II. Other significant cond 29a. CERTIFIER (Check only one)	CERTIFYING PHYSIC HEALTH OFFICER CORONER On the OF CERTIFIER	DUE TO (OR AS A Consuming to death but not present of the basis of examination and/	knowledge, de on end/or investigation	seth occurred a supetion, in my opinion	PREGNA POSTPA (Yes or No to the time, data, opinion, death occurre	AT OR 90 ARTUM? no) and place. occurred at	and due to the cause(the time, date, and place, and 29c. MEDICAL LICEN	AN AUTOPSY IRMED? r no) a) as stated. ce, and due to the cuse(s)	OLING ZEB. WERE AVAIL COMPT CF DE SUBSE(S) AS SES and manner s 29d. DATE: O 8	ADJUNTON ABLE PRIOR TO ALETION OF CAUSE ATHY (Yes or no) sted. ss stated. SIGNED (Month, Day, Year) 100 24
;ERTIFIER	rise to the immediate cause, stating the underlying cause lest PART II. Other significant cond 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TIPE 30. NAME AND ADDRESS O	CERTIFYING PHYSICE HEALTH OFFICER CORONER On the OF CERTIFIER OF PERSON WHO COMPI	DUE TO (OR AS A Consuming to death but not present of the basis of examination and/	knowledge, de on end/or investigation	seth occurred a supetion, in my opinion	PREGNA POSTPA (Yes or No to the time, data, opinion, death occurre	NT OR SO RATUM? no) and place. occurred at the time	and due to the cause(the time, date, and place, and 29c. MEDICAL LICEN	AN AUTOPSY IRMED? r no) a) as stated. ce, and due to the cuse(s)	OLING OLING ZEB. WERE AVAIL COMPT CF DE and menner is 29d. DATE 5 210- 32. DATE F	AAAJS HTD RABLE PRIOR TO ALETION OF CAUSE LATH? (Yes or no) sted. ss stated. SIGNED (Month. Day. Year) 1024 ILED (Month. Day. Year)
HEALTH	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond 29a. CERTIFIER (Check anly one) 29b. SIGNATURE AND TIFE	CERTIFYING PHYSICE HEALTH OFFICER CORONER On the OF CERTIFIER OF PERSON WHO COMPI	DUE TO (OR AS A Consuming to death but not present of the basis of examination and/	knowledge, de on end/or investigation	in Part I. seth occurred a supetion, in my opinion Type/Print!	PREGNA POSTPA (Yes or No	ANT OR SOLARTUM? and place. and place. occurred at the time	and due to the cause(yes of the time, date, and place, and 29c. MEDICAL LICEN O 10 18	AN AUTOPSY IRMED? I pol a) as stated. Ice, and due to the c due to the cause(s)	OLING OLING ZEB. WERE AVAIL COMPR GF DE ause(s) as sta and menner s 29d. DATE s 210. 32. DATE F AUG	ADJUNTON ABLE PRIOR TO ALETION OF CAUSE ATHY (Yes or no) sted. ss stated. SIGNED (Month, Day, Year) 100 24
	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS ON THE CONTROLL OF THE CONTRO	CERTIFYING PHYSIC HEALTH OFFICER CORONER On the FOF CERTIFIER FOF PERSON WHO COMP ROSS M.	DUE TO (OR AS A Consumpting to death but not present of the basis of examination and/	knowledge, de on end/or investigation	seth occurred a supetion, in my opinion	PREGNA POSTPA (Yes or NO	ANT OR SOLARTUM? and place. and place. occurred at the time	and due to the cause(yes of the time, date, and place, and 29c. MEDICAL LICEN O 10 18	AN AUTOPSY IRMED? r no) a) as stated. ce, and due to the cuse(s)	OLING OLING ZEB. WERE AVAIL COMPR GF DE ause(s) as sta and menner s 29d. DATE s 210. 32. DATE F AUG	AAAJS HTD RABLE PRIOR TO ALETION OF CAUSE LATH? (Yes or no) sted. ss stated. SIGNED (Month. Day. Year) 1024 ILED (Month. Day. Year)
HEALTH	rise to the immediate cause, stating the underlying cause lest PART II. Other significant cond 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TIPE 30. NAME AND ADDRESS O	CERTIFYING PHYSIC HEALTH OFFICER CORONER On the FOF CERTIFIER OF PERSON WHO COMP NATURE 346.	DUE TO (OR AS A Consuming to death but not present of the basis of examination and/	knowledge, do on end/or investogetion	in Part I. seath occurred a supetion, in my opinion Type/Print) OF 34c.	PREGNA POSTPA (Yes or No	ANT OR SOLARTUM? and place. and place. occurred at the time	and due to the cause(yes of the time, date, and place, and 29c. MEDICAL LICEN O 10 18	AN AUTOPSY IRMED? I pol a) as stated. Ice, and due to the c due to the cause(s)	OLING OLING ZEB. WERE AVAIL COMPR GF DE ause(s) as sta and menner s 29d. DATE s 210. 32. DATE F AUG	AAJSTITUTE ABLE PRIOR TO ALETION OF CAUSE IATHY (Yes or no) sted. ss stated. SIGNED (Month. Day. Year) 1024 ILED (Month. Day. Year)
HEALTH	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond 29a. CERTIFIER (Check anly one) 29b. SIGNATURE AND TYPE 30. NAME AND ADDRESS ON A Y I C E C C C C C C C C C C C C C C C C C	CERTIFYING PHYSIC HEALTH OFFICER CORONER ON the OF CERTIFIER COPPERSON WHO COMPI ROSS M. NATURE 346. I	DUE TO (OR AS A Consulting to death but not present of the basis of examination and/	knowledge, de on end/or investogenou	in Part I. seath occurred a supetion, in my opinion Type/Print) OF 34c.	PREGNA POSTPA (Yes or NO	ANT OR 90 ARTUM? no) and place. occurred of od at the time	and due to the cause(the time, date, and place, and 29c. MEDICAL LICER 34d. DESCRIBE	AN AUTOPSY RMED? Prob No a) as stated. Idea to the cause(a) ISE NO HOW INJURY OCC.	OLING 28b. WERE AVAIL COMPT CF DE 32use(s) as sta and menner s 29d. DATE S 21G. 32. DATE F	added HTD RABLE PRIOR TO LETION OF CAUSE LATH? (Yes or no) sted. ss stated. SIGNED (Month, Day, Year) 1024 ILED (Month, Day, Year) 1033
HEALTH	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TYPE 30. NAME AND ADDRESS O DAY I C 31. HEALTH OFFICER'S SIGNATURE Natural Pendi	CERTIFYING PHYSIC HEALTH OFFICER CORONER On the COF CERTIFIER COMP PERSON WHO COMP ROSS M. NATURE 348.	DUE TO (OR AS A Control of Contro	knowledge, do on and/or investigation	in Pari-I. Seth occurred a superior, in my opinior Type/Print) DF 34c.	PREGNA POSTPA (Yes or NO	ANT OR 90 ARTUM? no) and place. occurred of od at the time	and due to the cause(yes of the time, date, and place, and 29c. MEDICAL LICEN O 10 18	AN AUTOPSY RMED? Prob No a) as stated. Idea to the cause(a) ISE NO HOW INJURY OCC.	OLING 28b. WERE AVAIL COMPT CF DE 32use(s) as sta and menner s 29d. DATE S 21G. 32. DATE F	action of Cause Lattin of Cause Lattin (Yes or no) atting (Yes or no) atting (Yes or no) atting (Month Dev. Year) -08-95 -08-95 -08-95 -08-95
HEALTH	rise to the immediate cause, stating the underlying cause last PART II. Other significant cond 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TIFE 30. NAME AND ADDRESS O DAY ICE 31. HEALTH OFFICER'S SIGNATURE OF DEATH Natural Natural Pendi	CERTIFYING PHYSIC HEALTH OFFICER CORONER On the OF CERTIFIER OF PERSON WHO COMPI ROSS M. NATURE 348. 6 ing ingedion 349.	DUE TO (OR AS A Control of Contro	knowledge, do on and/or investigation	in Pari-I. Seth occurred a superior, in my opinior Type/Print) DF 34c.	PREGNA POSTPA (Yes or NO	ANT OR 90 ARTUM? no) and place. occurred of od at the time	and due to the cause(the time, date, and place, and 29c. MEDICAL LICER 34d. DESCRIBE	AN AUTOPSY RMED? In pol) No a) as stated. Ice, and due to the cause(a) ISE NO HOW INJURY OCC.	OLING OLING ZEB. WERE AVAIL COMPR CF DE SQUEE(S) SE STE AND DATE S O S 2 / O- 32. DATE F ALIG CUPRED	added Title ABLE PRIOR TO LETION OF CAUSE LATH? (Yes or not) sted. sted. stated. Signed (Month, Day, Year) 1024 FILED (Month, Day, Year) 1033 City or Town, State)
HEALTH	rise to the immediate cause, stating the underlying cause lest PART II. Other significant cond 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TIPE 30. NAME AND ADDRESS O DAY ICE. 31. HEALTH OFFICER'S SIGNATURE OF DEATH Netural Pendi	CERTIFYING PHYSIC HEALTH OFFICER CORONER On the FOF CERTIFIER OF PERSON WHO COMPI BOSS M. NATURE 34a. if	DUE TO (OR AS A Control of Contro	knowledge, do on and/or investigation	in Pari-I. Seth occurred a superior, in my opinior Type/Print) DF 34c.	PREGNA POSTPA (Yes or NO	ANT OR 90 ARTUM? no) and place. occurred of od at the time	and due to the cause(the time, date, and place, and 29c. MEDICAL LICER 34d. DESCRIBE	AN AUTOPSY RMED? Prob No a) as stated. Idea to the cause(a) ISE NO HOW INJURY OCC.	OLING OLING ZEB. WERE AVAIL COMPR CF DE SQUEE(S) SE STE AND DATE S O S 2 / O- 32. DATE F ALIG CUPRED	added interpretation of cause lattin (Yes or not) sted. sted. sted. stated. Signed (Month, Day, Year) 1024 FILED (Month, Day, Year) 1033 City or Town, State)
HEALTH	rise to the immediate cause, stating the underlying cause lest PART II. Other significant cond 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TIFE 30. NAME AND ADDRESS O DAY ICE. 31. HEALTH OFFICER'S SIGNATURE OF DEATH Natural Pendi	CERTIFYING PHYSIC HEALTH OFFICER CORONER On the OF CERTIFIER OF PERSON WHO COMP ROSS M. NATURE 34a. I	DUE TO (OR AS A Control of Contro	knowledge, de on end/or (nvertognitor investognitor invest	in Part. seth occurred a superior, in my opinior OF 34c.	PREGNA POSTPA (Yes or NO It the time, date, opinion, death death occurre A VCI INJURY AT V (Yes or no)	ANT OR 90 ARTUM? no) and place. and place. occurred at the tim NORK?	and due to the cause(the time, date, and place, and 29c. MEDICAL LICER 34d. DESCRIBE	AN AUTOPSY RMED? In pol) Is stated. Ice. and due to the c due to the cause(s) HOW INJURY OCC Number or Rural RC 003	OLING OLING ZEB. WERE AVAIL COMPR CF DE SQUEE(S) SE STE AND DATE S O S 2 / O- 32. DATE F ALIG CUPRED	added Title ABLE PRIOR TO LETION OF CAUSE LATH? (Yes or not) sted. sted. stated. Signed (Month, Day, Year) 1024 FILED (Month, Day, Year) 1033 City or Town, State)