HOLD FOR MERIDIAN TITLE CORP

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH ## 922332

Local No	ししつー	$\mathcal{O}_{\mathcal{I}}$				1		2333			
1 Decedent's Legal Name (First, Middle, Last)				1a. Malden Last Name (If Female)		2. \$4	S x 3. Tin	tate No	4. Date Of D	eath (Month/Day/Year)	
Herman Arthur Wa]]	м 5:2	0 a.m.	March	9, 2009			
5 Social Security Number 6a. Age -	<u> </u>	nder 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour		(Month/Day/Year)	8. Birthplace (Cit	y And State Or F		
9 Ever in U.S. Armed Forces? 10	Month H Death Occur		Days	Hours		Aug. 28		Gary,	IN		
☐ Yes M No Unknown ☐ ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival ☐ Hospice Facility ☐ Decedent's Home M Nursing Homest one-Term Care Facility ☐ decedent's Homest Outpatient ☐ decedent's Homest Outpatient ☐ Dead On Arrival											
11 Facility Name (If Not Institution, Give \$		•			. 5,7			,	0		
Chicagoland Chi	ristia	n Vill	.age				O				
Crown Point, IN	v 4630.	7		13. County Of Death Lak					Married Status At Temp of Death Married Married, But Separated Divorced		
15 Surviving Spouse's Name		, 	15. /HUMAVSL	a Maldan Last Name			☐ Widowed ☐ Nev Ramied ☐ Unknown				
			15a. (If Wife)Give Maiden Last Name		16. Decedent's Usual Occupation			17. Kind Of Busines stadustry			
Mary E. Waters 18 Residence - State 188			Dotson		Machinist		Steel Manufacture				
IN		•	Lake								
18c Street And Number			Баке		Merrillville			18e. Zip Code 181. Inside City Limits?			
8217 Clay St.				\$ - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						□ Yes }(□ No	
			20. Decedent Of Hispani	ic Origin :	21. Decedent's Race			46410			
High School Graduate			No		Caucasian						
22 Father's Name (First, Middle, Last)			23. Mother's Name (F	3. Mother's Name (First, Middle, Lest) ZJs. Mother's Meiden Last Name							
Herman A. Waters					Mary E.	Mary E. Waters			The state of the s		
24 Informant's Name			24a. Relationship to Decedent		Mary E. Waters 248. Mawag Address (Street And Number, City, State, Zip Code)			o Francis			
Mary E. Waters			Wife			8217 Clay St., Merrilly			N 45410	Media	
25a Method Of Disposition		25b. Place C	Of Disposition (Name Of C	25. Pla Cematery, Crematory,	oce Of Disposition Other Place)	(0)			10	and,	
☐ Bunal ☐ Cremation ☐ Donation ☐	Entombment	. /	NIOT		RIGI	ATO		200 A		3 31	
Other (Specify)			et Park C			Merril.	lville,	IN AAA	130	a S E	
26 Was Coroner Contacted?	/	Th	dress of Funeral Facility S Documal Home	ment is	the pro	perty o	f 46342	70 0 ₹	27a unera	Home-Ucense Number:	
276 Signature Of Indiana-Funeral Service	Licenson:	1	tile Lak	e Coun	ity Keeo		7c. License Number	(Of Licensee)	N	UZ 30,6	
James t	1/2	ner	N				FD010094	61			
28 Part I. Enter The Chain Of Ever	nte_Disease	- Injuries O	Cause Complications—Th	Of Death (See	Instructions An	d Examples)	The second second	Part Control			
Such As Cardiac Arrest, Respiratory A Line. Add Additional Lines If Nece	Arrest, Or Ve	ntricular Fib	rillation Without Show	wing The Etiology.	. Do Not Abbreviate.	. Enter Only One C	ants ause On			Approximate Interval: Onset	
Immediate Cause (Final Disease Or	1	sulting In De	ath A.	Jentra	la orry	thmia		· · · · · · · · · · · · · · · · · · ·		To Death	
Sequentially List Conditions If Any I	eading To T	ha Causa Li		m. It	6	Que Ju (Or As A Consequ	ence Off; 7			- (/ ./ //	
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated							Tillen 1	70 x 4 9	ing a gra	3.01	
The Events Resulting In Death) I set	(Disease Or	Injury That	nitiated	Plane	igon &	Due Je la A Conseque	ales Oh	40111		3 wah	
The Events Resulting In Death) Last	(Disease Or	Injury That	nitiated C	Pulmo	you to	Due To (Or As A Consequence To (Or As A Consequence	once Of:			3 weeks	
The Events Resulting In Death) Last Part II Enter Other <u>Significant Conditions C</u>	(Disease Or	Injury That	C t	Pulmo	yay A	Due to (Or As A Consequence to	once Off:			3 wahs	
-	(Disease Or	Injury That	C t	Pulmo	you f	Due Ye (Or As A Consequence of the Year Consequence of the As A Consequence of the As A Consequence of the Association of the A	once Off:	Yes N.N.	D CO DESIGN	3 wahs 3 yers	
Part II Enter Other <u>Significant Conditions C</u> 31 Did Yobacco Use Contribute Yo Death?	(Disease Or	Injury That Leath But Not i	C t	Pulmo	yay ft	Due to (Or As A Corresponding to the Corresponding	once Off:	□Yes \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	e Or Deadit?	1,34,3	
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