eing requested by ursue its statutor oluntary and there	ATE: The Social Security #  this state agency in order responsibility. Disclosure  will be no penalty for refusa
.ocal Nol .l:	V
93715	THE RECORDS IN THIS SE
YPE/PRINT	1. DECEASED-NAME (First, Mic
IN	Herman

## INDIANA STATE DEPARTMENT OF HEALTH

ocal No.	will be no penalty for refusa	C	CERTIFICAT			State	No	•••••		
13715		ERIES ARE CONFIDENTIAL PR	ER IC 16-37-1-10		2.7%		the second secon			
YPE/PRINT IN	1. DECEASED—NAME (First. Mid Herman	ddle, Last) Radde   Sa AGE—Last Birthday	TOTO VEAD	2. S 5c. UNDER 1 DAY	Male	3a. TIME OF DEAT 3:05P M	Septemb	ATH (Month, Day, Yr) Oer 3,2001		
ERMANENT BLACK INK	4. *SOCIAL SECURITY NUMBER 306-24-8727	(Years) 73	Sb. UNDER 1 YEAR  Months Days	Hours Minutes	0ct. 7	7,1927	East Ch	y and State or Foreign Country)		
F	8a. WAS DECEDENT A U.S. VETERAN?   8b. YEAR LAST SERVED IN U.S. ARMED FORCES?   N • A •		HOSPITAL Inpatie		9a PLACE OF DEATH (Check only on OTHER: Nursing Home					
ECEDENT	9b. FACILITY NAME (If not institution, give street and number) 8206 KOOY			Mu	unster	OCATION OF DEATH	9d. county o Lake	IF DEATH		
	10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give marden name) Anne Dominik	f wife, give maiden name). Anne Dominik Co		ENT'S USUAL OCCUPATION (Give kind of work uring most of working life. Do not use retired) urt Reporter		Government			
	138. RESIDENCE—STATE	Lake	<u> </u>	ster		8206 Koc	рý			
	136. ZIP CODE 136. INSIDE CITY 130. No 120. No 120. No 120. No 120. No 120. No 120. No 130. ON A FARM	Yes WHAT COUNTRY	S 14. CITIZEN OF UNDER STREET		Cuban. Blac	CEAmerican Indian, lick, White, etc.		CEDENT'S EDUCATION  If highest grade completed)  Ty (0-12)   College (1-4 or 5 + )		
ARENTS	18 FATHER'S NAME (First, Middle,	Yes U.S.A.		1	MOTHER'S NAME	ite  E (First. Middle, Maiden S	12 Gurname)	2		
	John Radziwie				ary Szp		N			
IFORMANT	20a. INFORMANT'S NAME (Type/F Anne: Rado	de	8206 1	kooy Mu	unster,	Route Number, City or 1 IN 46321		20c. Relationship Wife		
	21a. METHOD OF DISPOSITION    X   Burial	Entombment  Removal from State  (y)	21b. DATE AND PLACE other place) HOLY	September Cross Cen	er 7, 2		Calumet (			
ISPOSITION	226. EMBALMERS NAME  JOHN T. Noble  226. EMBALMERS LICENSE NO  23. WAS DEATH REPORTED TO CORDINATE  YES  25. WAS DEATH REPORTED TO CORDINATE  YES  26. EMBALMERS LICENSE NO  27. WAS DEATH REPORTED TO CORDINATE  YES									
	24d SIGNATURE OF FUNERAL DIRECTOR  24b LICENSE NUMBER  25 NAME ADDRESS, AND LICENSE NUMBER of FUNERAL HOME  35 NAME ADDRESS, AND LICENSE NUMBER of FUNERAL HOME  36d Licensee)  1021590 prop 8415 Calumet Munster, IN 46321									
# - - - - - - - - - - - - -	arrest, shock or	es, injuries, or complications that can heart failure. List only one cause or		ir nonspecific terms, suc	ich as cardiac or re	espiratory		Approximate Interval Between Onset and Death		
AUSE OF	IMMEDIATE CAUSE (Final disease or condition resulting in death)	b	OR AS A CONSEQUENCE		\$6-bas	JUL 2 2 200	09 😝	- (2) - (3) - (4) - (5) - (5)		
:AIN	Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	С.	OR AS A CONSEQUENCE			HOLINGA	- CO	The Late		
777	PART II. Other significant conditions	d.			LAKE	COUNTY A	IDITOR.			
9671	PART II. Other digminum 1		OUSS95	PREC POST	G DECEDENT GNANT OR 90 ( GTPARTUM? G or no)	(Vac os as		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH X (1/4) or no)		
527	(Check only one)	EALTH OFFICER On the basis of	examination and/or investig	igation, in my <mark>opinion, de</mark> s	eath occurred at the	he time, date, and place, a	stated and due to the Suise(s)	as stated.		
ERTIFIER	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. MEDICAL LICENSE NO. 29d. DATE SIGNED (Month. Day. Year) 3 Sept. 7, 2001									
- 633.c	30 NAME AND ADDRESS OF PERS R. Feldner, M	SON WHO COMPLETED CAUSE	OF DEATH (ITEM 26) (Typ	<sub>pe/Print)</sub> nster,IN 4	46321 _		<u> </u>	-		
ALIH " L.I	31 HEALTH OFFICER'S SIGNATURE		<i>వి.0</i> .		,	germany a silver of silver of	JUN DA	TE FILED (Month) day, frag		
	33. MANNER OF DEATH	34a. DATE OF INJUR' (Month, Day, Year	•	34c. INJURY AT (Yes or no)	16.	34d. DESCRIBE HOW	(INJURY OCCURRED	SCALE OF STALL		
	Accident  Suicide Could not be Determined	34e. PLACE OF INJUI building, etc. (Spe	RY—At home, farm, street, ocify)	factory, office	34f LOCA	TION (Street and Numb	er or Rural Route Numb	per. City or Town State)		
	Homicide  34g. DATE PRONOUNCED DEAD (A	Wonth, Day, Year) 34h, MOTO	R VEHICLE ACCIDENT?	(Yes or no) If yes. spr	ecify driver, passe	enger pedéstrian etc.				

SDH06-004 State Form 10110 (R5/1-99)