INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No	277	0-()9	Key	#	47-	450	6-31	St	ate No				
1. Decedent's Legal Name (First, Middle				1a. Maiden Last N	ame (If Fema	le)		2. Sex	3. Tim	e Of Death	ł.		lonth/Day/Year)	
Alfred	_	owman	-	Sr.				Male of Birth (Month/Day)	1 -	10 AM 8. Birthplace (Cit			2009	
5. Social Security Number 6a. Ag	e – Yrs 6b. Under	1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under Minutes	1 Hour								
422-20-2721 84	Months		Days	Hours			I	mber 28,		Court	land, A	Taba		
9. Ever In U.S. Armed Forces?	10. If Death Occurred				1			ther Than A Hospita ome 🔲 Nursing Ho		Form Caro Facility	☐ Other (Sn	ocify)		
Yes No Unknown 1. Facility Name (If Not Institution, Giv	■ Impatient ■ Eme	ergency Depai	tment Outpatient L	Dead On Arrival	_ ☐ Hospic	ce Facility 🔲 D	ecedent's no	ome Nursing H	Jille/Long-	Term Oute Fuomicy		,,		
											1 3 3			
St Mary Medical Center 2. City Or Town, State, And Zip Code						13. County Of Death				14. Marital Status At Time Of Death				
						Tako				☐ Married ☐ Magreet, But Separated ☐ Divorced ☐ Widowed ☐ Nover Married ☐ Unknown				
Hobart, Indiana 5. Surviving Spouse's Name 15a. (If Wife)Give Maiden La						Lake	t's Usual Oc	cupation		17. Kind Of Bush and Industry				
5. Surviving Spouse's Name	, , , , , , , , , , , ,	St			teel Worker			U.S. Steel						
		189	County		18b.	City Or Town				0.5.	<u> </u>			
8. Residence – State		Com					<u>ဖ</u>							
Indiana Lake					Gary 18d. Apt. No.				t. No.	18e. Zip Cocc 18f. Inside City Limits?				
8c. Street And Number										16	404	□* Y	es 🗖 No	
4440 West 23rd	Avenue	1 -	D. Decedent Of His	nanic Origin		21 Dec	edent's Race			- 40	Ö			
19. Decedent's Education Unknown		21		· -				n Americ	מפי					
			Non-Hi	spanic	23. Moth	er's Name (Firs	-		-a11	23a	. Mother's Ma	aiden Last	Name	
22. Father's Name (First, Middle, Last)											Randl	_		
Ivy Bowman	Sr.		24a, Relationshi	n To Decedent			Bowma treet And Nu	an mber, City, State, Z	ip Code)		Kanar			
4. Informant's Name			_					th Lane		rrillvį	11😂	Indi	ana 464	
Josie M Buirse	<u> </u>		Daugh		Place Of Di		10	CAT Traine			CO		<u> </u>	
25a. Method Of Disposition.		25b. Place O	f Disposition (Name	Of Cemetery, Cremato	ry, Other Plac	ce)	25c. Locatio	n - City, Town, And	State		S	(m)		
☑kBurial ☐ Cremation ☐ Donation	☐ Entombment		NI	OTO		TO	TA	TI		FT and		Same J	erien. Tilling	
Removal From State Other (Specify):		Oak		emetery		10		ry, India	ana	46408			e License Number:	
26. Was Coroner Contacted?	27. Name And C	Bizz	ress Of Funeral Fa	rner Funer	al Ho	mene p	rope	erty of	F \	37			- مستقد قوس برد در دو محمد در المراجع المحمد المحم	
☐ Yes ☐ No				ary, Indian			oord	land		100	FH	11050	00021	
27b. Signature Of Indiana Funeral Ser				Lance O	o un	y Ite	COIU	27c. Licens	se Number	(Of Licensee)	ું છુ	Turner Jenne Gunder Gunder	《五	
(M) no 10		X	SI					FD2	0600	080		-5-1 	÷	
Trogram	1		Ca	use Of Death (S	ee Instru	ctions And	Example	es)			۵		Approximate	
28. Part I. Enter The Chain Of Such As Cardiac Arrest, Respira	<u>Events</u> —Diseases, atory Arrest, Or Ver	, Injuries, O htricular Fib	r Complications- rillation Without	—That Directly Caus Spowing The Etiolog	gy. Do Not	Abbreviate.	Enter Term Enter Only	One Cause On					Interval: Onset	
A Line. Add Additional Lines If I	Necessary.			Kespuc	6	1 ou	n .				V	<u> Mn</u>	To Death	
Immediate Cause (Final Disease	e Or Condition Res	sulting In De	eath	Dall		-0	Due To (Or As	A Consequence Of):	7	(a a a a		V	ruks	
Sequentially List Conditions, If A	Any, Leading To Th	e Cause Li	steu OII	1Vera	Star.	, _ (Due To (Or As	A Consequence Of):	-4	12				
Line A. Enter The Underlying C The Events Resulting In Death)	Last	ilijuiy iliat	milated	·			Due To (Or As	A Consequence Of):	- 4					
				D				The state of the s	.d2					
Part II. Enter Other Significant Condit	ions Contributing To D	eath But Not	Resulting In The Un	derlying Cause Given Ir	Par		3 re	y Findings Av	allable To	Complete The Car		П	Yes No	
				£,0		1		22 1	Manner Of	Death:				
31. Did Tobacco Use Contribute To D	Death?	32 M Female		Pregnant At Time Of Reath	□ Not Preo	But Proma 7	2009		/	micide	☐ Pending Inves	stigation		
Yes Probably No Unknown		☐ Not Pregna 35. Time Of		Pregnant At Time Of Death is To 1 Year Before Death	Unknown If	Pregnant Within Th	ne Past Year ent's Home.	PI O	inida 🖂 Ca	and Not Ro Determine	d	37. Injury	At Work?	
34. Date Of Injury (Month/Day/Year)		აა. IIMe Ui	inder 2	PI	GGY	HOLIN	GA KA	Construction Site, F				☐ Ye	es □No	
38. Location Of Injury - State		38a. City Or	Town	86	ASKE FEB (III	OUNT	Y AU	POTIC		38c. Apt.	No. 38	d. Zip Co	de All	
56. Education Of Injury - State		, 01			Vuint.	ST ST IS A	IRUE AND	COMPLETE	ÇI Ç				4/	
00 0						- 12 01 96). If Transp	oortation Injury, Sp	ecify:		<u> </u>	
39 Describe How Injury Occurred				**************************************	3 Sp. 42	erit : And IANI.	14 1	-	river/Oper	ator 🗖 Passenger	☐ Pedestrian [☐ Other (Sp	ecify)	
~				· •			- 	42. Certifier (Chec	0-1-2					
41. Signature, Of Person Certifying	Cause Of Death:					1.38	(009	. /	,	e) Coroner ☐ Hea	ith Officer		('/\	
	150 L				<u> </u>			ا الاستان المناه	1	nse Number		Date Certi	fied	
43 Name, Address And Zip Cod	Of Person Certify	\	Of Death:	- 1	, when	al M.	ر. 11 مرور	لعلي	01:	15666	_ 1	1.27	7-Ua	
Wichard	Sween	'MD	_ <i>_\</i> \	<u>e, 8</u>	0.11	/UI \F'4	ACT CAN	11)	47. Ak		7			
46. Additional Funeral Service Provide	der:			Proceedings on the second		The transfer of the sample of	~7 W 7		μ					
48. Signature of Local Health Officer	:			01	558	<u>C</u>		49. For Registra	r Only – D	ate Filed (Month/D	aÿ/Year):			
			,	-	- - -	-				\bigvee	~(1		ブレンこ	
		5,00	L D.O.						λu	<u> </u>	<u> </u>	<u> </u>	JUU_	

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