	pursue our responsibilities I there will be no penalty for
al."	Y20-011
d No	009-09

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH State

No
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CINI					R IC 16-1, 19-3				 	333 34 34	A 48 F		
	1. DECEASED - N		iddle, Last)				1	***		3a TIME OF DEAT			
IENT	RICHARI 4. *SOCIAL SE		со Т	G. Sa. AGE - Last Birthday	ROTH		UNDER 1 DAY	ale		8:00 A:N	Marc	ch 26, 2	004
INK	114-16-			(Years)	Months	Days Hou		s		, 1925	BUFF/ New	ATO.	or Foreign Country)
	8a. WAS DECEDE A U.S. VETER		86. YE	AR LAST SERVICE IN	1055	Jou	PL.			ieck only one Se			
	Yes	VIII			HOSPITAL: 15		_				Other (Spe	ecify)	
	9b. FACILITY NAME (If not institution, give street and number)					ER/Outpati	ient DOA		DYACAT	Residence (W 60	UNTY OF DEATH	
NT	90. FACILITY NAME (If not institution, give street and number) ST. ANTHONY HOSPICE CROWN POINT									LAF			
	10. MARITAL STA			VIVING SPOUSE		12a.	DECEDENT'S US			ive kind of work		OF BUSINESS/IND	USTRY
ļ	(Specify) Married	,	(# wife. JANE	give maiden name) BRAUN		_{D1}	done during mo: דריים דריים	•		•			
	13a. RESIDENCE		13b. COL		13c. CITY, TOWN		ISTRICT	CDAIN		STREET AND NUM	CONR	Атп	
	Indiana		Lake	,	SCHERE				120	33 ASHB	יא די	ME	
ł		13f. INSIDE CITY		14. CITIZEN OF	15.WAS DECEDE	NT OF HISPA	ANIC ORIGIN?	16.		American Indian,		7. DECEDENT'S ED	UCATION
		□ No ⊠	Yes	WHAT COUNTRY	⁷ ⊠ No	☐ Yes	(If yes, specify Cui	ban, 1	Black, WI			ify only highest grade	
		13g. ON A FARM	t?	1	Mexican	, Puerlo Rican,	ı, etc.)	1	(Specify)		Elementary/S	econdary (0-12)	College (1-4 or 5+)
	46375	⊠ No ("	Yes	USA	1			W.	hite	:		12	4
_	18. FATHER'S NA	ME (First Militale, Las	•0				19. M	OTHER'S NAM	4E (f	First, Middle, Maid	en Surname)		1
S	Charles	ROTH					Sc	phia	Wei	.ss			
	20a. INFORMANT	S NAME (Type/P	rint)		20b.	MAILING ADD	RESS (Street and	Number or Ru	ral Route	Number, City or Tow	n, State, Zip Co	de) 20c. Rel	ationship
ANT	PETER I	ROTH			15	23 W.	94TH A	VΕ.,,	CRO	WN POINT	, IN	Sor	1
	21a. METHOD OF	DISPOSITION	Ento	mbment	1	PLACE OF DI	ISPOSITION (Nam	e of cemetery,	cremator	y, or :	21c. LOCATION	N - City or Town, Sta	le
	Burial	Cremation	Rem	oval from State	March 3	0, 20	04						
	Donation	Other (Specify)	,		N.W. Ir	ıd. C	rematic	n Sex	vice	es e	Crown	Point	Indiana
	22a. EMBALMER	S NAME				LMER'S LICE				DEATH REPORTE			Indiana
TION					Do	C111	men	tic		No 🔲 Ye	s		
COM番配 イン・	21 PART I	Enter the diseases		or complications that cause. List only one cause on e		ot enter nonspe	009461 edific terms, such s	as cardiac or re	espiratory	, 01	y,Crow	n Point,	Approximate Interval Between Onset and Dea
	IMMEDIATE CAUS	n `		a. End	SFLAC IR AS A CONSEQU	<u> </u>	isio	CCOI	ICI			- –	Days
)F	resulting in deal	•		b	R AS A CONSEQU	ENCE OF							
λ	Conditions, if any, rise to the immedia	ite cause				7.7		A		0.			
7.	stating the underlyi cause last	ng		C. DUE TO (O	R AS A CONSEQU	ENCE OF):		15	30	VEP A		_	
\sim	11			d.				94	SY	ر کے ب		Q	
ΔI						ted in Best t			N /	74			
42	PART II Other si	pnificant conditions	- Condition	ns contributing to death be	ut not previously sta	uso in Part i	PR	S DECEDENT EGNANT OR	CQ DAYS	CERFOI	RMEDI	AVAILABI	OPSY FINDINGS LE PRIOR TO
X 42	PART II Other si	pnificant conditions	- Condition	ns contributing to death be	ut not previously sta	neo III Parti	PR PO		C DAYS	CERFOI AS AN	RMEDI (no)	AVAILABI COMPL	
J 42	PART II Other si	gnificant conditions	- Condition	ns contributing to death by	ut not previously at:		PR PO	EGNANT OR I	C DATE	ALL NO	TONA	AVAILABI COMPL	LE PRIOR TO ETION OF CAUS
J 7 4	D 20a CERTIFIER					702711	PR PO (Y	EGNANT OR I STPARTUM? (es or no)		CERTON ALL	A PON	AVAILABI COMPL OF DEAT	LE PRIOR TO ETION OF CAUS
J 7 4	<u> </u>	ıy. ⊠g	ERTHYIN	G PHYSICIAN To the b	est of my knowledge	s, death occurr	PR PO (Y	EGNANT OR I STPARTUM? (es or no)	and due to			AVAILABI COMPL OF DEAT	LE PRIOR TO ETION OF CAUS
J 7 4	29a. CERTIFIER (Check on	ıy. 121 <u>g</u>	ERTHEVIN	G PHYSICIAN To the bi	est of my knowledge	e, death occurr	PR PO (Y) Tad at the time, dat in my opinion, deat	EGNANT OR (STPARTUM? (es or no) te, and place, a	and due to	late, and place, and	tue to the cause	AVAILABI COMPL OF DEAT NO	LE PRIOR TO ETION OF CAUS
J 7 4	29a. CERTIFIER (Check on	ø, 1⊠ <u>9</u> □ <u>ଖ</u>	ERTHYIN	G PHYSICIAN To the b	est of my knowledge	e, death occurr	PR PO (Y) Tad at the time, dat in my opinion, deat	EGNANT OR (STPARTUM? (es or no) te, and place, a	and due to the time, c	late, and place, and	due to the cause he cause(s) and	AVAILABI COMPL OF DEAT NO (s) as stated. manner as stated.	E PRIOR TO ETION OF CAUS H7 (Yes or no)
J 7 4	29a. CERTIFIER (Check on j	ø, 1⊠ <u>9</u> □ <u>ଖ</u>	ERTHYIN	G PHYSICIAN To the bi	est of my knowledge	e, death occurr	PR PO (Y) Tad at the time, dat in my opinion, deat	EGNANT OR (STPARTUM? (es or no) te, and place, a	and due to the time, o , date, an	date, and place, and did place, and due to the EDICAL LICENSE NO	tive to the cause he cause(s) and	AVAILABI COMPL OF DEAT NO N(s) as stated. manner as stated. 29d. DATE SIGNEI	E PRIOR TO ETKON OF CAUS H7 (Yes or no)
FILE NO 74	20a CERTIFIER (Check on one)	AND TITLE OF CE	EALTH OF CORONER	G PHYSICIAN To the bit of the basis of earning which basis of examina which was a second of the basis of examina which was a second of the basis of examina which was a second of the basis of examina which was a second of the basis of examina which was a second of the basis of examinating with the basis of examinating was a second of the basis of examinating with the basis of examinating was a second of the basis of examinating with the basis of examinating was a second of the basis of examinating with the basis of examinating was a second of the basis of examinating which was a second of the basis of examinating was a second of the basis of the ba	est of my knowledge examination and/or ation and/or investig	e, death occur nvestigation, in ation, in my op	PR PO (Y) Tad at the time, dat in my opinion, deat	EGNANT OR (STPARTUM? (es or no) te, and place, a	and due to the time, o , date, an	date, and place, and did place, and due to t	tive to the cause he cause(s) and	AVAILABI COMPL OF DEAT NO (s) as stated. manner as stated.	E PRIOR TO ETION OF CAUS H7 (Yes or no)
FILE NO 74	29a. CERTIFIER (Check on one) 29b. SIGNATURE 30. NAME AND M	AND TITLE OF CE	EALTH OF CORONER ERTIFIER	G PHYSICIAN To the basis of examination of examinat	est of my knowledge examination and/or ation and/or investig	e, death courr nvestigation, in ation, in my op Type/Print)	PR PO (Y) rad at the time, dat in my opinion, death occur	EGNANT OR I STEARTUM? (es or no) te, and place, a th occurred at the time	and due to the time, c , date, an 29c. ME	date, and place, and od place, and due to to EDICAL LICENSE NO.	tive to the cause the cause(s) and D.	AVAILABI COMPL OF DEAT NO (s) as stated. manner as stated. 29d. DATE SIGNED	E PRIOR TO ETKON OF CAUS H7 (Yes or no)
FILE NO 74	29a. CERTIFIER (Check on one) 29b. SIGNATURE 30. NAME AND M	AND TITLE OF CE ORESS OF PERS	EATH OF CORONER ERTIFIER	G PHYSICIAN To the basis of examination of examinat	est of my knowledge examination and/or ation and/or investig	e, death occur nvestigation, in ation, in my op	rad at the time, dat in my opinion, death occur	EGNANT OR I STEARTUM? (es or no) te, and place, a th occurred at the time	and due to the time, c , date, an 29c. ME	date, and place, and od place, and due to to EDICAL LICENSE NO.	tive to the cause he cause(s) and	AVARABICOMPL OF DEAT NO N(s) as stated. manner as stated. 29d. DATE SIGNEI 3 70	LE PRIOR TO ETION OF CAUS H7 (Yes or no)
ELLE NO X4:	29a. CERTIFIER (Check on one) 29b. SIGNATURE 30. NAME AND M. DR. GEO	AND TITLE OF CE ORESS OF PERS	EATH OF CORONER ERTIFIER	G PHYSICIAN To the basis of examination of examinat	est of my knowledge examination and/or ation and/or investig	e, death courr nvestigation, in ation, in my op Type/Print)	PR PO (Y) rad at the time, dat in my opinion, death occur	EGNANT OR I STEARTUM? (es or no) te, and place, a th occurred at the time	and due to the time, c , date, an 29c. ME	date, and place, and od place, and due to to EDICAL LICENSE NO.	tive to the cause the cause(s) and D.	AVAILABI COMPL OF DEAT NO (s) as stated. manner as stated. 29d. DATE SIGNED	LE PRIOR TO ETION OF CAUS H7 (Yes or no)
FILE NO 74	20a. CERTIFIER (Check on one) 20b. SIGNATURE 30. NAME AND M DR. GEO 31. HEALTH OFFI	AND TITLE OF CE CRESS OF PERS RGE BAB CER'S SIGNATUR	EATH OF CORONER ERTIFIER	G PHYSICIAN To the bigging of the basis of examina COMPLETED CAUSE OF	est of my knowledge examination and/or stion and/or investig for DEATH (ITEM 26)	e, death coordinates it is a second of the s	TRO IAN	iegnant on instruction of the course of the	and due to the time, c r, date, an 29c. ME	date, and place, and deplace, and due to the EDICAL LICENSE NO.	the cause(s) and ob.	AVAILABI COMPL OF DEAT NO (5) as stated. manner as stated. 29d. DATE SIGNER 3 70 /	LE PRIOR TO ETHON OF CAUS H7 (Yes or no)
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