* ATTENTION ES	TATE: The Social Security	# is				4	
being requested being requested by pursue its statuto	by this state agency in order bry responsibility. Disclosure e will be no penalty for refusi	to INDIANAS al.		ARTMENT C		,	
د.رُLocal No		 ERIES ARE CONFIDENTIAL PE		「E OF DEATI		No 04.000-043	
TYPE/PRINT	I. DECEASED-NAME (First, M	iddle, Last)		2. SEX		TH 3b. DATE OF DEATH (Month Day, Yr.)	
IN	Connie Sue	Diehl 5s. AGE—Last Birthday	56. UNDER 1 YEAR	Fem	ale 12:50	Proptober 16, 2005	
PERMANENT BLACK INK	A. SOCIAL BECOMMY NUMBER	(Years)	Months Days	Hours Minutes	arch 30 195	Hammond IN	
	8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		98.	PLACE OF DEATH (Check only o	ne. See instructions)	
	No	NA	HOSPITAL: Inpet	ient Jutpatient DOA	OTHER: Nursing Home	Other (Specify)	
DECEDENT	9b. FACILITY NAME (If not institute		[OWN, OR LOCATION OF DEATH		
	7122 W 131st Pl				ar Lake OCCUPATION (Give kind of work orking life. Do not use retired)	take	
	(Specify) Married	(If wife give maiden name) Dennis Dieh			orking life. Do not use retired)	Pamily Residence	
	13a RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN, OR	LOCATION	134 STREET AND N	UMBER N	
	IN 13e. ZIP CODE 13f. INSIDE CIT	Lake	Cedar 15. WAS DECEDENT	DAKE OF HISPANIC ORIGIN?	16. RACE—American Indian,	131st Pl	
	I No DAYes WHAT COUNT		Y? No D Yes (If yes, specif Mexican, Puerto Rican, etc.)			(Specify only highest grade completed)	
	46303 39 ON A FAR) USA			White	Elementary/Secondary (0-12) College (1-4 or 5 +) 1 2	
PARENTS	18. FATHERS NAME (Fix Middle Lead) Elmer Flynn 19. MOTHERS NAME (Fix Middle Madden Surmann) Gretchen Woolse						
NFORMANT	201 INFORMANTS NAME (Type/ Dennis Dieh	. / -	206. MAILING 7122	ADDRESS (Street and Num W 131st P	ber or Rural Route Number. City or 1 Cedar Lak	Tawn State Fig Code 11 120c Belationship	
	21a METHOD OF DISPOSITION	☐ Entombment		OF DISPOSITION (Name o		PIC-TOCATION-CHEST FOWN FIRE	
	St Buriel Cremation Donation Other (Special	Removal from State		ctober 20,	2005	2P _ 32=	
DISPOSITION	228. EMBALMER'S NAME:	// 	German Methodist		Cemetery Figeda Lake IN		
SIGI GOTTION	Jason Frazi	er	FD2010		₹ No □ v		
24s. SIGNATURE OF FUNERAL DIRECTOR 24b. LICENSE NUMBER 25. NAME ADDRESS, AND LICENSE (of Licensee) Right Funera					erse number of funeral home eral Home FH83002461		
				01007697	12901 Wick	er Ave Cedar Lake IN	
	28. PART L Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiably or respiratory						
	errest, shock, or heart faiture. List only one cause an each line.						
	IMMEDIATE CAUSE (Final disease or condition	DUE TO (C	OR AS A CONSEQUENC	14/L U/C (WITH ,	ASCIES 6MO	
AUSE OF	Conditions, if any, which gave rise to the immediate cause.						
	cause fast	DUE TO CO	OR AS A CONSEQUENC	the mee	monthly of		
	PART II. Other significant conditions	- Conditions contributing to death b	ut not previously stated in	Part I. 27, WAS DEC	CEDENT 288 WAS AN	A AUTOPSY 286. WERE AUTOPSY FINDINGS	
the Lake County CPRECNANT OR 90 DAYS PERFORMED? (Yes or no)						MED? AVAILABLE PRIOR TO	
}							
	CERTIFIER						
	□ <u>c</u>	DRONER On the basis of examina				e to the cause(s) and manner as stated.	
SRTIFIER	296. SIGNATURE AND TITLE OF C	ERTIFIER 1	- gen		29c MEDICAL LICENSE		
-	30 NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE O		pe/Print)	010262	MEARCHE THE	
<i>k</i>	JOHN S	BROWN	TIT O	1.0 86.	83 CONNEC	TICUTST 46413	
:ALTH	31. HEALTH OFFICER'S SIGNATUR	E Suran u	The start	D.O. F	1 1	32. DAYE FILED (Month. Day, Year)	
(-	33. MANNER OF BEATH	348. DATE OF INJURY	34b. TIME OF	34c IN BIRY AT WO	RK?	WIND MARK OF OUR PLETE	
}	Natural Pending	(Month, Day, Year	INJURY	(Yes or DEC	O 2009 HE CERTIFICA	WWG.MARK GOOGLAAPE COMPLETE VIE OF DEATH ON FILE WITH THE EPARTMENT.	
	Accident Investigation	34e PLACE OF IN RIE	VALUE OF BUILDING	- DECO			
	Suicide Could not be Determined	building, etc. (Spec	34n. PLACE OF INJURY—At Figure, Sureri, Street, factoring SeGGY HOLINGA KATONA LAKE COUNTY ALTONA				
ļ.	349. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrate of the						
ľ	- Sina instruction of the	340, MOTOR	VERIGLE ACCIDENTY	cras or not if yes, specify (www.passenger.pedestrien/etc.	02,100~	
L		E		7 3	- Company of the Comp	CONTRACTOR OF SEAL OF CONTRACTOR OF SEAL OF CONTRACTOR OF	
S	SDH06-004 State Form	10110 (B4/3-93) Death	cer/PD 1	S S			
S	SDH06-004 State Form	10110 (R4/3-93) Death	cer/PD 1	14 (1111)			