INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

				tate No	
Decedent's Legal Name (First, Middle, Last)	1a. Maiden La	st Name (If Female)	2 Sex 3. Tin	ne Of Death 4. Date C	of Death (Month/Day/Year)
Robert C. Packham			M 1:1	0 a.m. June	20, 2008
5. Social Security Number 6a. Age - Yrs 6b. Under	r 1 Year 6c Under 1 Month 6d. Under 1 E	Day 6e. Under 1 Hour 7. D	Date Of Birth (Month/Day/Year)	8. Birthplace (City And State C	Or Foreign Country)
21 F 17 9071 96 Months	Days Hours	Minutes F.	eb. 21, 1922	Hobart, IN	
315-14-8041 86 Monins 9. Ever in U.S. Armed Forces? 10. If Death Occurred	d In A Hospital	10a. If Death Occurred Somewh		nobare, in	
The filter called a spatter of the contract to	ergency Department Outpatient 🔲 Dead On Arrival		it's Home 🔯 Nursing Home/Long	Tarm Care Facility Other (Sr	necify)
1.1. Facility Name (If Not Institution, Give Street And Number)		☐ Flospice Lacinty ☐ Deceder	it should MT unrand housecould	Tenn care racinity (o)	pecity)
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Fountainview Place Nurs	sing Home 3175 La	ncer St.	<u> </u>	14. Marital Status At Time Of	Dooth
12. City Or Town, State, And Zip Code		13. County Of Death			aan nortanii na a
Portage, IN 46368		Porter	gellegelbegeti	☐ Married ☐ Married But X Widowed ☐ Never Marrie	
15. Survíving Spouse's Name	15a. (if Wife)Give Maiden Last N	ame 16, Decedent's Usu	al Occupation	17. Kind Of Business/Indu	
				N	
None		Foreman		wublic Uti	1117
18. Residence – State	18a. County	18b. City Or Town		a	i i na katalanga
Indiana	Lake	Hobart		(Q)	de la compaño
18c. Street And Number			18d. Apt. No.	18e, Zip Code	18f. Inside City Limits
1025 04-4- 04				46342	X□ Yes □ No
1035 State St.	20. Decedent Of Hispanic Origin	21. Decedent's	Para	CO 40342	
19. Decedent's Education	20. Decedent of Hispanic Origin	21. Decedent's	nace		ing said the grant through
9	No	W	hite	.	
22. Father's Name (First, Middle, Last)		23. Mother's Name (First, Middle	e, Last)	23a. Mother's Ma	iden Last Name
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Gibbean Packham	24a Rélationship To Decedent	Genevieve 24b. Mailing Address (Street An		rieyers	lian di liano di
			Hara Na a Hair	/ co/o	
Robert C. Packham, Jr.	Son	919 Memory	Lane, Hobart	, IN 46342	
		. Place Of Disposition			
25a. Method Of Disposition.	25b., Place Of Disposition (Name Of Gemetery, Crem	atory, Other Place) 25c. Lo	sation - City, Town, And State		
Burial Cremation Donation Entombment			TNY	المراكب والمراكب	H., H., H
☐ Removal From State ☐ Other (Specify).	Graceland Cemetery	HICHALL	alparaiso, IN		
	Complete Address Of Funeral Facility		and the party of t	27a Fun	eral Home License Number
☐ Yes X No Burns	Funeral Chomen COILE	S the Secondar	rt of N 46342	F#83	002380
27b. Signature Of Ipolityna Funeral Service Licensee:	Funeral Home, 701 E		garger, Se	the second secon	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
270. Signature Of humana Funeral Service Licenses.					
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