THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE

PORTER COUNTY BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

/DDINIT	1. DECEASED-NAME (First, I	Viiddie, Las	st)			SEX	3a. TIME OF DEA		DEATH (Month, D	
/PRINT N	Hazel I	<u> </u>	ucker			<u>emale</u>			mber 1	
ANENT	4. SOCIAL SECURITY NUMBER		5a. AGE—Lest Birthday (Years) 94	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	1	BIRTH (Mo. Day. Yr) 21 1991	7. BIRTHPLACE	City and State of	Foreign Country)
KINK	314-05-61	8b. YE	AR LAST SERVED IN		1		OF DEATH (Check only or		DOILG	7.14
	A U.S. VETERAN? U.S. ARMED FORCES?							Nursing Home Other (Specify)		
ļ	NO 9b. FACILITY NAME (If not instit	ution, give	street and number)	С ЕН/		Y, TOWN, OR	LOCATION OF DEATH	9d. COUN	Y OF DEATH	
NT	Fountainv	iew	Place	Portage				P61	ter	
	10. MARITAL STATUS (Specify) 11. SURVIVING SPOUSE (If wife, give maiden name) N/A			12a. DECEDENT'S USUAL Of done during most of works Sales			OCCUPATION (Give kind of work orking life. Do not use retired)		G&Tdblats	
	13a. RESIDENCE—STATE	i	ounty rter	13c. CITY, TOWN, OF Portage	LOCATION		13d. STREET AND N 3175 L			
	13e. ZIP CODE 13f. INSIDE C		S 14. CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT		Cuban, B	ACEAmerican Indian, Black, White, etc.		DECEDENT'S EDI	
	13g. ON A FA		USA	Mexican, Puerto	Rican, etc.)		(Specify) hite	Elementary/Seco	ondary (0-12)	College (1-4 or 5 +)
	18. FATHER'S NAME (First Midd		DBA		19. N		ME (First, Middle, Maiden	Surname)	Wages	
S	Lyman Reading Marietta Inman								mb	
ANT	20a. INFORMANT'S NAME (Typ						ral Route Number, City of	Town State 20 C		tionship andson
		Tucl	Ker Nombment		Irvine			21c-LOCATION-	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	21a. METHOD OF DISPOSITION Burtai Cremation Donation Dother (Spe	□ R	emoval from State	other place)	991 Chap		WIN.	Sherer	ville	
ITION	22a EMBALMER'S NAME			22b. EMBALMER			23. WAS DEATH REPO	· error (a)	RY 20 TE	
	M. Chad Ol	mst	ed N	Fd08	80056	AL	20 No 🗆	1.47	No.	·
	24a. SIGNATURE OF FUNERAL	DIRECTO	R	245.	LICENSE NUMBER	25. NA	ME, ADDRESS, AND LIC	CENSE NUMBER OF	TUNERAL HOME	Kalinda Kalinda
	Theme	als k	This	ocument	on 2964	UP 27	700 Willo	wcreek	Rd.	
			ies, or complications that callure. List only one cause		002964	27 27 1Pc	700 Willo prtage IN		Rd.	7893 Approximate Interval Between
OF			allure. List only one cause		002964 nter nonspecific terms, su	27 27 1Pc	700 Willo prtage IN	wcreek	Rd.	7893 Approximate
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