INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No	est))	1a Maiden Last	Name (If Female)		, State N	3. Time Of Dea		ate Of Death (Month/Day/Yea
DOROTHY L. RADLOFF	201)		TEMPLETO	, ,		F	11:19 AM	1	NE 14, 2009
Social Security Number 6a. Age 86	Yrs 6b. Under 1 Months	Year 6c. Under 1 Days	Month 6d Under 1 Day Hours	6e. Under 1 Hour Minutes		irth (Month/Day/Year) ary 20, 1923	8. Birthplace (C WHITING, I		Or Foreign Country)
Ever In U.S. Armed Forces? 10.	. If Death Occurred in A		1.00.13			Other Than A Hospital:	111111111111111111111111111111111111111	O	
	•	•	ent 🗖 Dead On Arrival				☐ Hospice Facility	☑ Decedent	t's Home
Facility Name (If Not Institution, Give SI				Term Care Facility	Other (Specify))		<u> </u>	
633 41ST PLACE	wood was trained,							*****	
2. City Or Town, State, And Zip Code				13. County	Of Death		14. Marital	Status At Time	e Of Death
HIGHLAND, INDIANA 46322				LAKE					But Separated Divorced
5. Surviving Spouse's Name			15a. (If Wife)Give Maid	en Last Name	1.	6. Decedent's Usual (17. K	Gind Of Business/Industry
N/A			N/A		[LIBRARIAN		EDU	JCATION ****
8. Residence – State NDIANA	• .	18a. County		18b. City Or To					
8c. Street And Number		LAKL		HIGHLAND	··········	18d, Apt. N	la 10a	7iu 10 a tha	18f. Inside City Li
2633 41ST PLACE						18d. Apt. P	-46	. Zip Sodo 322	Tot: Itiside City El
Decedent's Education		20. Decedent C	of Hispanic Origin	21.	Decedent's Race	,	esection of the section of the secti	No.	Andrea
			anish/Hispanic/Lati	ish/Hispanic/Latino White			西南		
2. Father's Name (First, Middle, Last)		1		23. Mother's Name	(First, Middle, Las	st)		23a. Mother's	
DEWEY TEMPLETON				MARGARET			₩.	BUCKLE	
4. Informant's Name IANCY L. MARKOVICH		24a Relatio	onship To Decedent			mber, City, State, Zip C LAND, INDIAN			THE CONTRACT
				Place Of Disposition		- TOTAL		Ç	<u> </u>
a. Method Of Disposition.	Cremation 25b.	Place Of Disposition (1	Name Of Cemetery, Cremato			n – City, Town, And Sta	- Accident		The same of the sa
Donation ☐ Entombment ☐ Removal Other (Specify):	From State CH/	APEL LAWN ME	MORIAL GARDEN	FIC	SCHERE	RVILLE, INDIA	100		gar Salara (Sa
6 Was Coroner Contacts to									
6. Was Coroner Contacted?		Mete Address Of Funera	*	1			anggapa da karang i .	1	Funeral Home License Num
⊒Yes ⊠ No	KUIPER FUNE	RAL HOME 9	039 KLEINMAN RO		P	3		FH ⁻	Funeral Home License Nurr 10300021
1	KUIPER FUNE	RAL HOME 9	039 KLEINMAN RO Lake Cou	inty Red	corde	r! 27c.	License Number (Of	FH ⁻	
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