## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.	<u> </u>	<u> </u>				State No.		
Decedent's Legal Name (First, Middle, Last)     TRETHA BENGE			fa. Maiden Last No MINTON	1a. Maiden Last Name (If Female) MINTON			3. Time Of Death 1:45 PM	4. Date Of Death (Month/Day/Year)  APRIL 13, 2009
5. Social Security Number 6a. Age 406-46-0953 73		Year 6c Under 1	Month 6d Under 1 Day Hours	6e Under 1 Hour Minutes	į .		8. Birthplace (City Ar LONDON, KY	nd State Or Foreign Country)
9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital: Hospice Facility Decedent's Home Nursing Home/Long-								
Yes No Unknown I Inpatient Emergency Department Outpatient Dead On Arrival Term Care Facility Other (Specify)								
9925 MERRILLVILLE RD								
12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death								
CROWN POINT, IN 46307				LAKE			☐ Married ☐ Married, But Separated ☐ Divorced ☐ Widowen ☐ Never Married ☐ Unknown	
15. Surviving Spouse's Name			15a. (If Wife)Give Maider	15a. (If Wife)Give Maiden Last Name  10. Decedent's Usu  HOMEMAKE				17. Kind Of Business/Industry FAMILY RESIDENCE
18. Residence - State 18a. County				18b. City Or Town				
IN		CROWN POINT			00			
18c. Street And Number  9925 MERRILLVILLE RD		18d. Apt. P			18CD	A Vec Divis		
19. Decedent's Education		20 Decedent C	Of Hispanic Origin	1 21	Decedent's Race			
9-12th grade, no diploma	anish/Hispanic/Latin	1			ယ			
22. Father's Name (First, Middle, Last)		23. Mother's Name (First, Middle, Last)			23a. Mother's Maiden Last Name			
JOHN MINTON				ROSE MINTON BARNES				RNES
24. Informant's Name  24a. Relajionship to Decedent  24b. Mailing Address (Street And Number, City, State, Zip Code)  DENISE COPELAND  DAUGHTER  14408 BELL ST., CEDAR LAKE, IN 46303								
				lace Of Disposition	AG		2	
25a. Method Of Disposition. Burial Donation Entombrent Remov	ESI Cremation		Name Of Cemetery, Cremator MATION SERVICE	y, Other (Place)	SCHERER	City, Town, And State		<b>3</b> 52
26. Was Coroner Contacted?  ☑ Yes ☐ No	3. Was Coroner Contacted?  27. Name And Complete Address of Funeral Facility  28. Ves □ No  BURDAN FUNERAL HOME 12901 WICKER AVE., CEDAR LAKE, IN 46303  128. □ No  FH85002461							212 Fillerst Home License Number: FH83002461
27b. Signature Of Indiana Funeral Service	e Licensee:	et A IS	Lake Cou	nty Rec	corder	27c. Lice FD207	nse Number (Of Lice	カロズ
	_		Course Of Poorth (Co	• Instructions 8	ad Funancias		<u> </u>	<u> </u>
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines if Necessary.								
Immediate Cause (Final Disease Or Condition Resulting In Death  A VASCULAR COLLAPSE  UNKNOWN								
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated								
The Events Resulting In Death), Da	2		С		Due To (Or As A C	Consequence Of):		_
Part II. Enter Other Significant Conditions	Contributing To Death I	But Not Resulting In Th	e Underlying Cause Given In I	Part I	29. Was An Ai		⊒Yes N	
•	3 8		ZU PLL	O	30. Were Auto	psy Finding	mocke makus	eath? Yes No
31. Did Tobacco Use Contribute To Deat	3 60 34		Pregnant At Time Of Death			33. Manner O	_1.4.2010	Pending Investigation
34. Date Of Injury (Month/Day/Year)		ot Pregnant, But Pregnant 4 Time Of Injury	3 Days To 1 Year Before Death 36. Pt			nstruction Site. Restauran	could Not Be Determined	37 Injury At Work?
	- 76		Ell vio	EAL		DECCV HO	LINGA K	ATONA Ves INO
38. Location Of Injury - State	38a.	City Or Town		Street & Number		LAKE CO	UNTX: ALL	DI Cale Code
39 Describe How Injury Occurred	: '					40. If Tra	nsportation Inju	ry, Specify:
41. Signature, Of Person Certifying Caus	e Of Death:				42	Driver/Ope	erator Passenger P	redestrian D Other (Specify)
Certifying Physician C Coroner Health Officer								
43. Name, Address And Zip Code Of Pelson Certifying Cause Of Death: JEFFREY R. WELLS, CHIEF DEPUTY,  44. Ucense Number  45. Date Certified								
2900 WEST 93RD AVENUE, CROWN POINT, INDIANA 46307  N/A  APRIL 14, 2009  46 Additional Funeral Service Provider:								
48. Signature of Local Health Officer.	an w 6	But 1	D.O.	49 For Registra	r Only - Date Filed		0001	99 // CM
State Form 10110 (R7/9-07) ATTENTION	N ESTATE The Social Securit	y if as beans remarked by this	state ameney in order to cursule ds. st	atutory responsability Descina	use is voluntary and the	001		SERIES ARE CONFIDENTIAL PER IC 18-3 7-1-10