INDIANA STATE DEPARTMENT OF HEALTH, AUG 0 7 2008

CERTIFICATE OF DEATH

AUG 0 7 2008

Local I											V 2 1 11 1 1		
Decedent's Legal Name (F THOMAS JOHN N					1a. Maiden La	ast Name (If Female)			2. Sex	3. Time	For Sealing?		Of Death (Month/Day/Ye ARY 21, 2008
5. Social Security Number	6a Age - Yrs	I 6b Under 1 Y	Vant Ga	Under 1 Month	6d Under 1 (Day 6e Under 11	la in	7 Date Of			##	1	,
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00-02-1011		Months	Day	ys	Hours			Novemb	er 28, 1932		, , , , , , , , , , , , , , , , , , , ,	orv _[GI 23:
Ever In U.S. Armed Force	es? 10 lf D	eath Occurred in	A Hospital			10a. If Death	Occurred So	omewhere Oth	er Than A Hosp	oital.		Allo	-
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Facility Name (If Not Inst	titution, Give Street	And Number)				Za i iospice	- acinty Li D	-	- I reasing	Tionic/cong-i	- Cili Care i aciiit;		- OUC
T. ANTHONY IN-P.	ATIENT HO	SPICE 203 F	FRANCISC	CAN DRIVE	Ē								
2 City Or Town, State, And	d Zip Code					13.	County Of De	eath			14. Marital Stat	us At Time Of	Death
ROWN POINT, I	INDIANA 46	307				LA	KE				Married □	Married, But	Separated Divorced
5. Surviving Spouse's Nam	ne	_	156	a. (If Wife)Give	Maiden Last Nam	ne	I 16 Dece	edent's Usual (Occupation			Never Man	nied Unknown
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3. Residence – State			18a. Count	ıtv		18b C#	y Or Town						
NDIANA			LAKE	.,		1	RILLVILLE	Ε			Ų₽,	11m	# 4
8c. Street And Number									180	Apt. No.	18e 7i	Ho.	BI ASIGGERY L
963 W. 74TH A	VENUE								1.54		4641	۰ <u>۰</u>	No 76 No
9. Decedent's Education			20 04	ecedent Of Hispa	anic Origin		21 Dane	edent's Race					-
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Father's Name (First, Mi								t, Middle, Last)				. Nether's N	laiden Last Name
RAY MACHIN							MACI					Ye	
4. Informant's Name				a. Relationship	To Decadest	11		_	per, City, State,	Zin Code)		<u>(n</u>	
IANCY MACHIN			- 1	VIFE TO	TO Decedent	,					E, IN. 464	100	
					Jocu	imer		S	\			0	
5a. Method Of Disposition						Place Of Dispo		of a Landing	City, Town, A	nd State		U 1	
		25b.	. Place Of Disc	position (Name (Of Cemetery, Cren	matory, Other Place)	2	25c. Location	City, Town, A				
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Removal From State Other (Specify): 6. Was Coroner Contacted Yes No 7b. Signature Of Indiana Fi 8. Part I. Enter The Couch As Cardiac Arrest, 1. Line Add Additional II 1. Enter Cher Significat 1. Did Tobacco Use Contri 1. Signature Of Injury Month/Di 8. Location Of Injury - State 9. Describe How Injury Occ 1. Signature, Of Person Co 3. Name, Address And Ray E. Dras 6. Additional Funeral Servi 6. Additional Funeral Servi 6. Additional Funeral Servi	Donation Ento d? 27 G Funeral Service Lice Chain Of Events , Respiratory An Lines If Necessa Il Disease Or Co tions, If Any, Lea erlying Cause (D n Death) Last ant Conditions Cont libute To Death? Unknown lay/Year) de Curred Zip Code Of Pers Sga, M.1 ice Provider:	mbment CH Name And Comp EISEN FUN Insee: Diseases, Injurest, Or Ventriciary, Indition Resulting To The Calisease Or Injured Injurest, Or Ventriciary, Indition Resulting To The Calisease Or Injurest, Or Ventriciary, Indition To Peatth Injurest, Or Ventriciary, Indition To Peatth Injurest, Inj	IAPEL LAV INCRAL H Uries, Or Concular Fibrillation Ing In Death ause Listed Cry That Initiat If Female: If If Initiation Initiati	of Funeral Facilities (Cauchy Cauchy	RIAL GARDE Iffy C. 7905 BR See Of Death -That Directly C: Showing The Etic Pregnant A Time of Death 1 Year Before Death C. 7905 BR	(See Instruction and In Part I	MERRIL Ons And I Do Not E breviate E 2 3 Consider Selection Consider Selection	Examples inter Termin Enter Only Co. Due To (Or As A Co. Due To (Or As	al Events InDIANA al Events Ine Cause O A C E Tomsequence Of) Intopsy Perform psy Findings A asath S Instruction Site, Certifier (Che Certifying Ph	46410 27c. Ucense FDO8600 Manner Of D. Ma	Number (Of Lic 1506 1	FH83 enspeb	Approximation interval: "Go To Death To Death