INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local	No 20	09-0	539					State	No. 🕗	119	98		
Decedent's Legal Name (First, M				ame (If Female)		2. Sex	3. Time Of D	. Time Of Death		Death (Mont	/Day/Year)		
Hazel L. Kell	.en . Age – Yrs	6b Under 1 Year	6c Under 1 Month	Fritz 6d. Under 1 Day	6e Under 1 Hour	7. Date C	Female of Birth (Month/Day/Ye	7:54	AM rthplace (City		4, 2 Foreign Cou		
317-52-9163	92	Months	Days	Hours	Minutes	May	17, 1916	Wa	anatah	ı, Ind	liana	,,	
9 Ever In U.S. Armed Forces? ☐ Yes ☒ No Unknown ☐		ent Kn Emergency De	ital: partment Outpatient	Dead On Arrival	10a if Death Occurred S			eA ong-Term (Care Facility	7 Other Son	cify)		
11 Facility Name (If Not Institution			Dariment Odipatient	bead on Aniva	La riospiso : dviiky La	D GOOGLING THE	Since Control in grade	loreong remire	pare r donney _		un, ,		
Porter Valpa		Hospital	Campus		13. County Of D	\ab		144	Assital Status				
Valparaiso,	Porter				14. Marital Status At Time Officials Married Married, But Separated Divorced Widowed Never Married Unknown								
15 Surviving Spouse's Name 15a (If Wife)Give Maiden Last Name						16. Decedent's Usual Occupation			Dividowed Never Married Unknown 17. Kind Of Business/Industry				
None					Homemaker O					wn Home			
18 Residence - State 18a County Indiana Lake					18b City Or Town					0			
Indiana 18c Street And Number	Hobart 18d. Apt. No. 18e. Zip Code 18f. Inside City Lin							de City Limits?					
	D1-	A					Tou. Apr. 1	40.			X Yes	-	
1064 S. Lake 19. Decedent's Education	Park		20 Decedent Of Hispan	nic Origin	21. Dec	edent's Race			4634	+ Z			
8	White												
22 Father's Name (First, Middle, L	23 Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name								
William Fritz					Myrtle Fritz 24b: Mailing Address (Street And Number, City, State, Zip Code)				<u>¥</u> ass 				
Joyce Tromble Daughter						458 N. 325 E. Valparaiso, Ind					2 4 E 2 C C C C C C C C C C C C C C C C C C		
					ace Of Disposition					200	75 CD 5	#: * \ i	
25a. Method Of Disposition. ☐ Burial 【X Cremation ☐ Donat	i		of Disposition (Name Of				araiso,			9	တ္ဆင့	5 <u>2</u> 4	
Removal From State Other (Specify)			NU		HHIC	IA	Linso,	India	DESC.	3	700	2	
26 Was Coroner Contacted?	Moe	eller Fun	eral Home	104 Ro	t is the posevelt Rd	rope Va	rty of Iparaiso	, IN 46	5383 <u>5</u>	FH830	006	Number:	
27b. Signature Of Indiana Fugeral S	Service License	Tolke	the .	Lake C	ounty Re	core	27c. License N FD209		ensee):	+			
28. Part I. Enter The Chain C Such As Cardiac Arrest, Resp	iratory Arres	it, Or Ventric <mark>ular Fil</mark>	or ComplicationsTh	hat Directly Cause	d The Death, Do Not E	nter Termin	nal Events				Inte	roximate rval: Onset	
A Line. Add Additional Lines I Immediate Cause (Final Disea			eath A.	CARDI	AC AR	RES	7					Death	
Sequentially List Conditions, It Line A. Enter The Underlying The Events Resulting In Death	Cause (Dise			ATHERO.	SCLEROTI'C	Due To (Or As A	Consequence Off. Consequence Off.	ARten	y Die	sast ———————————————————————————————————			
Part II Enter Other Significant Conc	ditions Contribe	uting To Death But Not	D. Resulting In The Underly	ying Cause Given In P	art I	29 Was An A	utopsy Performed?	FIVe	1071 No.				
				Ziti.	CARRIE CO	30. Were Auto	opsy Findings Availab	le To Complete	S No The Cause C	of Death?	☐ Yes	□ No	
31., Did Tobacco Use Contribute To	Death?	32 If Female						er Of Death					
Yes Probably [I lo] Unknown 34 Date Of Injury (Month/Day/Year	Α.	☐ Not Pregna☐ Not Pregna☐ 35. Time Of			Hot Pregnant, But Pregnant Will Unknown If Pregnant Wilhin The		Natural Suicide	Homicide D	Dotormined			42	
Sale Of Hijury (Month/Day/Tear	,	55. Time Of	пушгу	150. Pla	ice Of Injury (E.G., Deceder	A S Home, Co	nardellon Site, Kesta	urani, vvodeć	n Alea)	1	injury At Wo		
38 Location Of Injury - State		38a City Or	Town	38b S	treet & Number				38c Apt No.		ip Code		
					MAR 1'5	2010							
39 Describe How Injury Occurred					•			ransportation i			ner (Specify)		
				PE	GGY HOLING	GA KA	IONA					11	
41 Signature, Of Person Certifying	Cause Of Dea	ath.		LA	KE COUNT	Y AUE	Certifying Physicia	ily One) an 🔲 Coroner	☐ Health Of	ficer		AO	
43 Name, Address And Zip Coo	de Of Persor	Certifying Cause O			Sikoski,	 i _	44	License Num	ber	45 Date	Certified	V-21911	
3630 Willon 46 Additional Funeral Service Provi	Naves			e IN	46368			1056	386	5/	5/0	7	
48 Signature of Local Health Office	, .					49	For Registrar Only	y – Date Filed !	Month/Day/Ye	ar)			
		0				_ ,	0-0		u		-77		
Have Form 10110 (R7/9-07) ATTENTION	FSTATE THE SE	Pobeoke.	ested by this state agency in or	rder to oursue its statulory r	000783	ary and there will	be no penalty for refusal.	HE RECORDS IN	THIS SERIES AR	E CONFIDENTIA	AL PER IC 16-3	7-1-10	