INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

4402-199 -15-6-17-276-209.009.009

Local No	Local No. 1790 C					State No						
1 Decedent's Legal Name (First, Middle, Last)  1a. Maiden Last N			iden Last Name	(If Female)	2 Sex 3 Time Of Death			4. Date Of Death (Month/Day/Year)				
KENT ANTHONY WILDEN				-	MALE	10:	40AM.	DECEMB	ER 26,2009			
5 Social Security Number 6a Age - Yrs 6b Unde	r 1 Year 6c Unde	er 1 Month 6d Ur	nder 1 Day 6	6e Under 1 Hour	7 Date O	Birth (Month/Da	y/Year)	8 Birthplace (City	And State Or Fore	sign Country)		
309-42-6250 69 Months	Days	Hours	'	Minutes	OCTO	BER 8,1	.940 (	GARY, IN	DIANA			
9 Ever In U.S. Armed Forces? 10. If Death Occurred	10a If Death Occurred Somewhere Other Than A Hospital											
The sacitity Name (if Not Institution, Give Street And Number)    Street And Number   Dead On Arrival   Dead On Arrival   Hospice Facility   Decedent's Home   Nursing Home/Long-Term Care Facility   Other (Specify)												
936 PETTIBONE ST  12 City Or Town, State, And Zip Code  13 County Of Death  14 Marital Status At Time Of Death												
						Marned ☐ Married, But Separated ☐ Divorced						
CROWN POINT, INDIANA 46307				LAKE				☐ Widowed ☐ Never Married ☐ Unknown				
15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Last Name				16 Decedent's Usual Occupation				17 Kind Of Business/Industry				
JO-ANN WILDEN SUDROFF				FIREFIGHTER CITY OF ARY								
18 Residence – State 18a County				18b City Or Town								
INDIANA	CROWN POINT											
18c. Street And Number						18d A	pt No	18e Zip	-	18f Inside City Limits?		
936 PETTIBONE ST								4630	7	X Yes No		
19 Decedent's Education	20 Decede	ent Of Hispanic Origin		21 Dec	edent's Race	<u> </u>			5			
COLLEGE	NO				WHI	ΓE			1			
22 Father's Name (First, Middle, Last)		23 Mother's Name (First, Middle, Last) 23a. Mother's Maiden Last Name						Last Name				
JOSEPH WILDEN				MARYBELLE WILDEN B					BROWN			
24. Informant's Name 24a. Relationship To Decedent				24b Mailing Address (Street And Number: City, State, Zip Code)								
JO-ANN WILDEN	S	POUSÉ		936 PETT	IBONE	ST, CR	ROWN I	POINT,	IN 4630	7		
		Do		e Of Disposition	10							
	25b Place Of Dispositi				10	- City, Town, And						
☑ Burial ☐ Cremation ☐ Donation ☐ Entombmerit ☐ Removal From State	CALUMET	PARK CEME	ETERY		ERRIL	LVIILE,	, IND	IANĄ 46	410			
Other (Specify)  26. Was Coroner Contacted?  27. Name And C	Complete Address Of Fi	uneral Encilety	UI	FIU	UA VI	1:		<del>-</del>	773 Funerall	Jome License Number		
DV: DN:	This	Door	n menta	DWAY CROW	10 19 <del>61</del> 1	MEVT TO E	(207	五三	70000	lome License Number		
WY Yes LINO BURNS I	UNERAL H	OWE 10101	BRUA	DWAY GROW	N POI	NT, IN -	+630V	<u></u>	118300	2445		
BURNS FUNERAL HOME 10101 BROADWAY CROWN POINT; IN 46307  27b Signature Of Indiana Funeral Service Licensee.  The Lake County Recorder 27c. License Number (of Michaele): FD08601292134												
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 Ven	tricular Fibrillation V	Vithout Showing Th	ne E <mark>tiolog</mark> y.	Do Not Abbreviate.	Enter Only	One Cause On		<u>.</u>	<b>₹</b>	Inderval: Onset		
A Line. Add Additional Lines If Necessary.	W I- O H	AAC		nostic	1:65	activ	1	37.2	<u>-</u> >	To Death		
Immediate Cause (Final Disease Or Condition Resu	liting in Death	A. 110		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due To (Or As A	Consequence Of)			0	7.		
Sequentially List Conditions, If Any, Leading To The		В			Due To (Or As A	Consequence Of)						
Line A. Enter The Underlying Cause (Disease Or In The Events Resulting In Death) Last	ijury mat miliated	c										
		D			Due To (Or As A	Consequence Of)						
Part II Enter Other Significant Conditions Contributing To De	ath But Not Resulting In		e Given In Part	HIII		utopsy Performe		NyesNo				
			TURD	ER'S OTTE	30. Were Auto	ppsy Findings Ava	ailable To C	no ete de Casse		es 🗌 No		
	22 If Female			THE REPORT OF THE PERSON OF TH			Manner Of De			-1.		
				ol Pregnant, But Pregnant Wi known If Pregnant Within Th		eath Na	fural D Homic	Ide Acadent A	Regding <b>2010</b> n			
34 Date Of Injury (Month/Day/Year)	35 Time Of Injury		36 Place	Of Injury (E.G., Decede	nt's Home, Co	nstruction Site, R	Restaurant, W	oddet Area)	37 Inju	ury At Work?		
		1	E S	EAL			DEC	GV HOL	INGA K	YTON#		
38 Location Of Injury - State 3	8a City Or Town		38b Stre	et & Number			IAL	38c Apt. No	الگالاً الم	SITOP		
				Million			Amp 141		4 0	H		
39 Describe How Injury Occurred								ation Injuly Soc	1307	PIL.		
					,		Driver/Operator	Passenger 🗆	Pedestnan   Other	(Specify)		
41 Signature, Of Person Certifying Cause Of Death					. 42	Certifier (Check	k Only One)	ì		15		
rtmm ( mont	m				١.		•	orjoner 🗆 Health	Officer	U 1		
23 Name Address And 75 Ond OCC	Course Of D. II	_					44 License		45. Date Ce	ertified (1)		
43 Name, Address And Zip Code Of Person Certifying		• المدانية		a Chi	COL	.5 (	010 11	83740	1 12.2	8-09		
James Aryant  46 Additional Funeral Service Provider	M(I) 23	<i>y 1</i> 7 (1)	chiga	n -nyo	-41v.		47 *Akas	100 1-11		1		
48 Signature of Local Health Officer	<i>-</i>				49	`		Filed (Month/Day/				
Susan WE	NIT.	).O.				1 1800	nul	er3	O, Zel	<i>57</i>		
					_				,	,		

State Form 10110 (R7/9-07) ATTENTION ESTATE. The Social Security # is being requested by this state agency in order to pursue its statutor