INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

L in a in 1 All	45	31-10					State No)		
Local No 1. Decedent's Legal Name (First,				1a. Maiden Last Na	me (If Female)	T	2. Sex	3. Time Of Dea	th 4. Date Of	Death (Month/Day/Year) JARY 16, 2010
RUTH ANN CA	ASH			VALLO			F			
5. Social Security Number	8a. Age Yrs	6b. Under 1 Year		i	6e. Under 1 Hour		th (Month/Day/Year) st 24, 1933	8. Birthplace (C	ity And State Or For , INDIANA	agn country)
317-32-5266	76	Months	Days	Hours	Minutes					
9. Ever In U.S. Armed Forces?		ath Occurred in A Ho						☐ Hospice Facility	Decedent's Ho	me I Nursing Home/Lo
☐ Yes ☒ No Unknown [☐ ☑ Inpati	ient 🗖 Emergency (Department Outpatien	t 🗖 Dead On Arrival	Term Care Facility	Other (Specify)				<u> </u>
11. Facility Name (If Not Instituti		nd Number)								
COMMUNITY HOSPI					13. County	Of Death		14. Maritat	Status At Time Of D	eath
12. City Or Town, State, And Zij					LAKE			⊠ Married	Married, But S	eparated 🔲 Divorced
MUNSTER, INDIANA	40321			15a. (If Wife)Give Maider	a Last Name	1 16	6. Decedent's Usual Or		d Never Matrie	d Unknown f Business/Industry
15. Surviving Spouse's Name JOSEPH JOHN CASH	QD.		:	N/A	Lagritumo		OMEMAKER		GOWN H	
	, 014.		18a. County		18b. City Or To	wn	<u></u>		-	
18. Residence - State INDIANA		[LAKE		HIGHLAND)				
18c. Street And Number	<u> </u>						18d. Apt. No		e. Zip Code	18t. Inside City Lim
9515 KENNEDY AV	Æ.			•			N/A	46	3322	Yes 🗖 No
19. Decedent's Education		20. Decedent Of	Decedent Of Hispanic Origin 21. Dec					5		
High school graduate	or GED cor	mpleted	No, not Spa	nish/Hispanic/Latin		nite			<u> </u>	Was Last State
22. Father's Name (First, Middl	e, Last)				23. Mother's Name	•	st)		DUTON	iden Last Name
CHRISTOPHER V	ALLO				ANNA VALI		mber, City, State, Zip C	ode)		
24. Informant's Nar	JOHN CAS	eu ep	24a. Relation	nship to Decedent	9515 KENNE		HIGHLAND, IND		" "	
JUSEPH	JOHN CAR	on , or.			Place Of Disposition	- 10				
25a. Method Of Disposition.	⊠ Burial □ Cre	mation 25b. Pla	ace Of Disposition (N	arne Of Cemetery, Cremator		25c. Location	n - City, Town, And Sta	ite		"
☐ Donation ☐ Entombment ☐ ☐ Other (Specify):	Removal From	State ROSS	CEMETER	TO		GARY, IN	NDIANA	-	2	
28. Was Coroner Contacted?	27.	Fiame And Complet	e Address Of Funeral	Facility	D. MICHT AND	INDIANA 46	222	ਨ	EH303	neral Home License Num 00021:
☐ Yes No		/ / /		9 KLEINMAN ROA			270	Lice Base Number (C	111111111111111111111111111111111111111	Trans.
27b. Signature Of Indiana Fun	eral Service Licer			Lake Co	unty Re	corde	r! FDC	10(4511	model and a	
<u> </u>	7. KI	riper		Cause Of Death (Se	e Instructions	And Example	es)		C 2	
28. Part I. Enter The Cha Such As Cardiac Arrest, F	in Of Events	-Diseases, Injurie	- O- Complication	That Directly Caus	ad The Death Do	Not Enter Term	inal Events	H.	200	Interval: On
Such As Cardiac Arrest, F A Line. Add Additional Lin	Respiratory Arri nes If Necessa	est, Or Ve ntincula Iry.	IL LIDINISHOU AAITH						5 2	To Death
Immediate Cause (Final D	isease Or Cor	ndition Resulting	In Death	A. Line Cho	Jepsis	Oue To (Or As	A Consequence Of):	2	ယ် ခြ	3 weed
Sequentially List Condition	ns, If Any, Lea	ding To The Caus	se Listed On	В	recyphas	Due To (Or As	A Consequence Of):	· April	- Control of the Cont	
Line A. Enter The Under The Events Resulting In D	ying Cause (D	isease Or Injury	That Initiated	С		Due To (Or As	A Consequence Of):			
				D.			Autopsy Performed?			
Part II. Enter Other Significant	Conditions Contr	ibuting To Death Bu	t Not Resulting In The	Underlying Cause Given In	Part I		utopsy Findings Availab	☐Yes ole to Complete th	No e Cause Or Death?	☐ Yes 🗷 No
				TUTT	ER'S		33 Manr	ner Of Death:		
31. Did Tobacco Use Contribu		32 If F	Promont Within Past Vest	☐ Pregnant At Time Of Death	☐ Not Pregnant, But Preg	nant Within 42 Days O	Of Death Natural	☐ Homicide ☐ Acc	ident 🗖 Pending Inves	figation
34. Date Of Injury (Month/Day		□ Not F	Pregnant, But Pregnant 43	Days To 1 Year Before Death	DUnknown If Pregnant W	Past Year	Construction Site Rest	Could Not Be Dete	PE IS A TRUE A	AUGOMINETE
34. Date Of Injury (Monarda)	, rour,						COPY OF T	HE CERTIFICAT	E OF DEATH ON	FILE WEST HELD NO
38. Location Of Injury - State		38a. C	ity Or Town	38b.	reet & Number	ne.	/1	ALA HEVILLA DE	Apr. No. 38	3. Zip Code
					reet & Number	nie.	42			
39 Describe How Injury Occur	red				MVIL	KATO	OP 40. If	() Erym Here's	n Injury, Speci	
41. Signature, Of Person Cert	lifying Cause Of I	Death- 1			MIJOU	19UAL	42. Certifier (Check O	er/Operator 🔲 Passer nly One)	ger D, Pedesirian 🗖 C	Jiner (Specify)
		The	\ <u>`</u>	-eG	GY MOUNT	. 7 ,	Certifying Physici	an 🔲 Coroner 🗖	Health Officer	
			<u> </u>	SEC.	MAR 8 2		44	. License Number		Date Certified.
43. Name, Address And Z	ip Code Of Per	son Certifying Cau	use Of Death:	1		1 2 2 2		1105750		
Linustra	My 2	-147 H	ighway 1	the Mighler	1d, FW 41	5364		. *Akas:		16-2010
46. Additional Funeral Servic	e Provider:]			OPENDIM
48. Signature of Local Health	Officer:				49. For Regist		iled (Month/Day/Year):	1 10	U	(BECS)
-	Due	ian u	But	D.O.	1 re	DY U	ary I'	1, dl	10	

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