

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No								2. Sex	k 1	3 Tune Of	Death I	4. Date Of	f Death (Month/Dav/Y	
1. Decedent's Legal Name (First, Middle, Last) BEULAH JAYNE POSTMA				1a. Maiden Last Na CARLSON	me (a rendae)	'			- ++	1:30 AM		JANUARY 9, 2009		sar)
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Facility Name (If Not Institution, Give Street And Number)							₩	Ghil- L	ECOHO	∵v!/\ ∂R	:14			
WNE CENTER NURSING HOME								i t			11.124			
12. City Or Town, State, And Zip Code MERRILLVILLE, INDIANA 46410					13. County Of Death LAKE			S			14. Marital Status At Time Of Death ☑ Married ☐ Married, But Separated ☐ Divorced			
											☐ Widowed ☐ Never Married ☐ Unknown			
Surviving Spouse's Name SSELL POSTMA			NA	(II AAlle) Gwe walden	Last Name		- 1		EMAKER	cupation		OWN H		
Residence - State	18a.	County			18b. City 0	Or Town								
DIANA	LAK				MERRI		.E							
Street And Number									18d. Apt. No.		18e. Zip (Code	18f. Inside City	Umts
50 ARTHUR BLVD.									NA		46410		120 Yes □ No	
Decedent's Education	2	20. Decedent Of	f Hispanic	: Origin		21. Dec	cedent's Rac	æ	_					
h school graduate or GED completed		No, not Spa	nish/H	lispanic/Latin	0	White	•							
Father's Name (First, Middle, Last)					23. Mother's h		st, Middle, La	ast)					iden Last Name	
LTER CARLSON					MAE CAR						VER	KAIK	_	
Informant's Name		SON /	mship to	Decedent					rty, State, Zip Co BRON, INDI/		41			
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22 Bunal 🔲 Cremation		/ -	lame Of C	cemetery, Crematory	, Other Place)				Town, And State					
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