## 7cc

INDIANA STATE DEPARTMENT OF HEATH
CERTIFICATE OF DEATH

Decedent's Legal Name (Fi	irst, Middle, Las	)		1a. Maiden Last N	lame (If Female)		2. Sex	3. Time of D	Death	4. Date of I	Death (Month	
redric S	teven	Marki	s		Comprehensive to the		Male	5:23		Decemb		
	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of	Birth (Month/Day	/Year) 8. B	irthplace (	City And State	Or Foreign Co	ountry)
0087	81	Months	Days	Hours	Minutes	Septer	mber 15,	1927 Ga.	ry,I	ndiana	Andrew State of the Control of the C	
Ever In U.S. Armed Forces		eath Occurred In A H	ospital:		10a. If Death Occurre				,			
Yes □ No Unknown□			epartment Outpatient 🔲	Dead On Arrival	★ Hospice Facility	Decedent's Hor	ne   Nursing Hor	me/Long-Term C	are Facility	Other (Spe	cify)	
. Facility Name (If Not Instit	tution, Give Stre	et And Number)										
orton VNA H					13. County Of	( D45		1 12 1	Marital Stat	tus At Time Of	Death	<del>- 14   1   1</del>
2. City Or Town, State, and	I Zip Code				13. County Of	Death				Married, But Se		vorced
alparaiso,	Indian	a 46383			Porte			□W	Vidowed D	Never Marrie	d 🔲 Unknow	
5. Surviving Spouse's Name	•		15a. (If Wife)G	Sive Maiden Last Nam		edent's Usual O			17. Kina C	л Business/Indi	ustry	
					Baı	rber/Be	auticia	an E	3eaut	y Salc	on	
8. Residence - State		18	a. County		18b. City Or To	wn			1			
ndiana		L	ake		Merrill	ville				ć n		
8c. Street And Number					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	. !	18d. Ap	t. No.	18e. Z	ip Code	18f. Insi	de City Limits?
17 W. 75th	Place						7		464	10	Yes	LI NO
9. Decedent's Education			20. Decedent Of Hispa	anic Origin	21. D	ecedent's Race						
12			Non-Hispa	anic	W	hite						ing selection.
2. Father's Name (First, Mid-	idle, Last)	<del></del>			23. Mother's Name	(First, Middle, L	ast)		23a	. Mother's Ma	iden Last Nan	ne
	le .i .				Ida Mar	takie			p	achoya	s	
Steven Mart  4. Informant's Name	JAKIS		24a. Relationship	To Decedent	24b. Mailing Address		lumber, City, State	e, Zip Code)		<u> </u>		
arcia Shur	op.		Daughte	r	2010 She	rwood 1	Drive '	Valpar	aiso	, Indi	ana 🤇	16385
arcia Unui				25. Pl	ace Of Disposition					September 1	1712	>4
5a. Method Of Disposition			ce Of Disposition (Name	e Of Cemetery, Crema	atory, Other Place)	25c. Locatio	n - City, Town, An			Present	CX	F I
Burial Cremation Do						,			The second		-37 LAJ "	eg
	onation L. Enton	ibment							$\mathcal{O}^{\circ}$			Pa
Removal from State Other (Specify):		Calu	met Park	Cemetery		Merr:	illville	e, Indi	O ana	46410	ST S	anse Number
Removal from State Other (Specify): Was Coroner Contacted?	) 27 Ge	Calu Name And Complete Lisen Fune	e Address Of Funeral Fa ral Home, N	<sup>acility</sup> Merrillvil	.le	Merr	illville	e,Indi	O aha 4	46410	art rive	ense Number:
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