INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1997	1~ID	42 01	04.00	0 07	"State No		
Decedent's Legal Name (First, Middle, Last)		1a. Maiden Last Na	- 34 - 20 ame (If Female)	2. Sex	3. Time Of Death	4. Date Of De	eath (Month/Day/Year)
DD ANY	DELACHE			MALE	12:42 P.	M. JUNE	24 2010 oreign Country)
Social Security Number 6a. Age - Yrs 6b. Under		Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Da			
3-12-5584 85 Months	Days	Hours	Minutes 10a. If Death Occurred Som	July 27, 1	924 Hammon	nd, Indi	ana
Ever In U.S. Armed Forces? 10. If Death Occurred			10a. If Death Occurred Som ☐ Hospice Facility ☐ Dec	newhere Other Than A Hosp	oital: Home/Long-Term Care Fa		
Yes No Unknown Inpatient Emergence Inpatient Facility Name (If Not Institution, Give Street And Number)	rgency Department Outpa	atient Dead On Arrival	☐ Hospice Facility ☐ Det	cedent's Home I warsing	Homersong remined as	(3)	A CONTRACTOR
		MACARTHUR BL	VD		. 4	unice facts	
THE COMMUNITY HOSPIT. City Or Town, State, And Zip Code	AL JULI	MORKINOK DE	13. County Of Dea	th	-	atus At Time of Dea	
TAND TANA	(221		TAI	7 F	XXMarried ☐ Widowed	(III) Ne	parated Divorced Unknown
MUNSTER, INDIANA 4 Surviving Spouse's Name	6321	(If Wife)Give Malden Last Nam		E usual Occupation		Of Busines on	
nne DeLache		Wellman	Yard C	lerk	IHB	Railro	ad
3. Residence – State	18a, County		18b. City Or Town			C)	
ndiana	Lake		Griffith		190	Zip Code	18f. Inside City Limits
8c. Street And Number				180.	7	, Aug	XX Yes No
929 West Glen Park Ave.	P		24 Decer	dent's Race		319	
. Decedent's Education	20. Deceden	t Of Hispanic Origin	Z1. Deced	John S May C			
12	No		Whit 23. Mother's Name (First,	Middle, Last)		23a. Mother's Maid	en Last Name
2. Father's Name (First, Middle, Last)		•				Zageir	71 00
Thomas Delach	77/5 0-	lationship To Decedent	Katherine 24b. Mailing Address (Str	Delach	, Zip Code)	Ç.,,,	The Ite
4. Informant's Name			929 W. Gler		JJ 7		3195
Anne DeLache	Wife		Place Of Disposition		- $ -$	11. 10.	
5a. Method Of Disposition.	25b. Place Of Dispositio	n (Name Of Cemetery, Cremato		5c. Location - City, Town, /	And State		and an analysis
☐ Burial ☐ Cremation ☐ Donation ☐ Entombment				a T	iii ms		mzc
☐ Removal From State ☐ Other (Specify):		rroll Cremat	ory	Gary, Ind	liana 📆	weeks	
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□ Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Complete Address Of Fur			921 W. 45t Griffith,	h Ave.	273, uner	rar Home Cloense Number
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