

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Least	1189.	-10		oer.	III IOAI E), DE,		State No.				
Local 1. Decedent's Legal Name (F	1a. Maiden Last N	State No						4. Date Of	Death (Month/Day/Year)			
DON LAWSON G		N/A				1		PM APRIL17, 2010		1.0		
5. Social Security Number 410-56-9666	6a. Age Yrs 74	6b. Under 1 Y	ear <u>6c. Under 1</u> Days	Month 6d, Under 1 Day Hours	6e. Under 1 Hour Minutes	l				nplace (City And State Or Foreign Country) _AHOMA, TENNESSEE		
9. Ever In U.S. Armed Forces ☐ Yes ☑ No Unknow	ient 🔲 Dead On Arrival	10a. If Death Occurred Somewhere Other Than A Hospital: ☑ Hospice Facility ☐ Term Care Facility ☐ Other (Specify)						edent's Hon	ne Nursing Home/Long-			
11. Facility Name (If Not Insti				AA-PAAR-91	1			,				······································
					13. County Of Death				14. Marital Status At Time Of Death			
12. City Or Town, State, And MUNSTER, INDIANA		LAKE			⊠ Mar			arriad				
15. Surviving Spouse's Name	9	15a. (If Wife)Give Maide	15a. (If Wife)Give Maiden Last Name			16. Decedent's Usual Occupation			1 And Of Business/Industry			
EULAR QUICK 18. Residence – State 18a. County				COSSEY	COSSEY 18b. City Or Town			MECHANIC SELF EMPLOYED				//PLOYED
INDIANA				GARY								
											18f. Inside City Limits?	
18c. Street And Number 7206 W. 24TH AV	VENUE			N/A					46406		≥ Yes □ No	
19. Decedent's Education 20. Decedent Of				, , ,			ace				v	-
8th grade or less		anish/Hispanic/Latin	ish/Hispanic/Latino White									
22. Father's Name (First, Mid		23. Mother's Name (First, Middle				, Last)			23a. Mother's Maiden Last Name			
LEAMON QUICK 24. Informant's N	onship to Decedent	GLADYS QUICK 24b. Mailing Address (Street And Number, City, State, Zip Code				LAWSON (Inc.)						
EULAR QUICK WIFE 7206 W. 24TH AVENUE GARY, INDIANA 46406										· .		
25. Place Of Disposition 25a. Method Of Disposition. St. Purint T. Connection 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location - City, Town, And State											The space of	
□ Donation □ Entombment □ Removal From State □ Other (Specify): □ Donation □ Entombment □ Removal From State □ Other (Specify):												
26. Was Coroner Contacted		•	ete Address Of Funera RAL HOME 9	ai Facility 039 KLEINMAN RC	OAD HIGHLA	ND, INDIA	NA 463	322 1145 EL SH H		ti Kans si		rall-Home License Number:
27b. Signature of Indiana Fu	neral Service Licens	see:	·						nse Mumb	er (Of License	VIII 1264	ALL WALLE
Care	- /C	1 ere		Cause Of Death (Se	e Instructions	And Examp	oles)	Car.	*	<u> </u>	? =	
28. Part I. Enter The Ch Such As Cardiac Arrest, A Line. Add Additional Li	Respiratory Arre	st, Or Ventricul	es, Or Complication ar Fibrillation With	ons—That Directly Cause out Showing The Etiolog	y. Do Not Abbrevia	ite. Enter Or	rminal Eve nly One Ca	ause On	Á			Approximate Interval: Onset To Death
Immediate Cause (Final I	Disease Or Cond	dition Resulting	In Death	A. <u>LUN</u>	9 CANC	D T. (O.	As A Consequ	N SMA		CEU	- ,-	7MO
Sequentially List Condition Line A. Enter The Under	lying Cause (Dis	ing To The Cau ease Or Injury	se Listed On That Initiated		NF 0887	Due To (Or	As A Conseque	LING D) lot	mc_		98
The Events Resulting In I	Death) Last			C		Due To (Or)	As A Conseque	ence Of):	Andrewski garage			
Part II. Enter Other Significant		uting To Death Bu	t Not Resulting In The		Part I		An Autopsy Autopsy Fir	Performed? Idings Available To	☐Yes Complete		t Death?	☐ Yes ☐ No
31. Did Tobacco Use Contribe	ute To Death?	1 32 lf F	emale:			L		33. Manner Of	Death:			
Yes Probably No Un		□ Not	Pregnant Within Past Year	Pregnant At Time Of Death	regnant At Time Of Death One of						ding Investigat	ilon
34. Date Of Injury (Month/Day	y/Year)	I	me Of Injury		ace O sudy (E, Do	edent's	Competi	☐ Suicide ☐ Co on Site, Restaurant			l "	Injury At Work? ☐ Yes ☐ No
38. Location Of Injury - State	· · · · · · · · · · · · · · · · · · ·	38a. C	ity Or Town	38b. S	Street & Number		, residents		3	8c. Apt. No.	ı	Zip Code
·				(m.	JUL 12 2010							1100
39 Describe How Injury Occur	red		Δ	= 2829LA	E GGY HOL AKE COU	INGA I	101	VA 40. If Tran			-	U / _
41. Signature, Of Person Cert	tifying Cause Of De	ath:		3000		VITAL	42. Certif	Driver/Open ier (Check Only On	e)			(Specify) A N
Hu	4 Con	XL/		· ()			Cert	ifying Physician	Coroner	☐ Health Off		
43. Name, Address And Zi	ip Code Of Perso	Gertifying Cau	ise Of Death:	HICHUS	WD, IN	46	12	Date of the second seco	No Numb	al of	45. Date	~ 19 - 2010
46. Additional Funeral Service		Manage .			A 49 E2-13-15	· Onl	Elloc 4	47. *Aka	ıs: 			
48. Signature of Local Health	Onicer.	S	Α		49. For Repistra	i Uniy - Date	rilea (Monti	vuay/Year):				

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