* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

Local No. 2175 - 00

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

September 15, 2000

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH State No.

	THE RECORDS IN THIS SE	DIES AD	E CONFIDENTIAL DE		VIL OI	DEATH		Olale I	10	• • • • • • • • • • • • • • • • • • • •	•••••	
TYPE/PRINT	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL F 1. DECEASED - NAME (First, Middle, Last)											
IN PERMANENT	Sharon		L.	Berkle		2. SEX		3a. TIME OF DEATH		3b. DATE OF DEATH(Month, Day, Yr.)		
BLACK INK	4. *SOCIAL SECURITY NUME	ER	5a. AGE - Last Birthday	5b. UNDER 1 YEAR	5c. UNDER	Femal		5 AM			15, 2000	
		1	(Years) 52	Months Days	Hours	Minutes	ATE OF BIRTH(Mo.,	17	7. BIRTHPLACE Valpair	City and State	e or Foreign Country)	
	8a. WAS DECEDENT A U.S. VETERAN?		AR LAST SERVED IN		Ь	June 2 PLACE OF DEATH		121,1948		•		
	No.	1	S. ARMED FORCES?	HOSPITAL: 🔀 Inpat	tient					ther (Specify)		
			/A ve street and number)	☐ ER/C	☐ ER/Outpatient ☐ DOA		Residence					
DECEDENT			•			9c. CITY, TOWN	OR LOCATION OF	DEATH	9d. COUNT	OF DEATH		
	St. Mary Medic		Jenter JVING SPOUSE			Hobart				Lake		
	(Specify) (I		give maiden name)		12a. DECEDE done du	 DECEDENT'S USUAL OCCUPATION done during most of working life. Do 		N (Give kind of work 1		12b. KINDIOE JUSINESS/INDUSTRY		
_	13a. RESIDENCE - STATE 13b. (E. Berkle		Homema	omemaker		1.		Own nome		
- a >	T 3	Lake	1	13c. CITY, TOWN OR LO			13d. STREET	AND NUMBER		and the second		
NEN	13e. ZIP CODE 13f. INSIDE CITY			Lake Stati				Newton				
60,7	□ No ⊠		WHAT COUNTRY?	5.WAS DECEDENT OF H	ISPANIC ORIGIN? es (If yes, specify Cuban,		16. RACE— American Indian, Black, White, etc.		17. DECEDENT'S EDUCATION (Specify only highest grade completed)			
7 7 7	13g. ON A FARM	?		Mexican, Puerto F			(Specify)		(Specify only mentary/Seconda			
6 % a	46405 ⊠ No □	Yes	USA			1:	White		nemary/Seconds	12	College (1-4 or 5+)	
RARENTS	18. FATHER'S NAME (First, Middle, Last,					19. MOTHER'S N			urname	N/A		
S G B	Everett Lewin 20a. INFORMANT'S NAME (Type/Pri	ntl				Ester	Gerenez	1-44754 11-4444 20144	Takes Sugar	77 (d'ir	
FORMAN	Carl E. Berkle	-		20b. MAILING	ADDRESS (Stre	et and Number or R	Rural Route Number,	City or Town, Stat	e, Zip Code)	20c. Rela		
1 ~ ~ ~	41 11771100 1177			2145 N	ewton,	Lake S	tation,	IN 4640	05	Has	Band	
7100	_	Entom		1b. DATE AND PLACE O other place)			y, crematory, or	216/10	OCATION - City	or Town, State	7.	
7 ~ 1	Burial Ucremation Removal from State September 18, 2000								337	9		
00 6	Gracerand Cemetery							Tva1	ilparaison Indiana			
SPORITION	· · · · · · · ·	22b. EMBALMER'S L		3. WAS DEATH REPORTED TO CORONERS								
, ,	James W. Bosse FD20000327						No □Yes≥ 💢 🚍 <♣					
as was	1111		ENSE NUMBER f Licensee)	1 20: TANKE, ADDRESS, AND LICENS			MBER OF FUNE	RAL HOME				
000	Muchalla	4	la the		V. Bartholomew & Son FH83006805							
	26. PARTI Enter the diseases, in	juries, or	omplications that caused th	e death. Do not onto no	3700696	<u> </u>	2 Monroe	st., V	alpara:	iso,In	idiana	
1, 18 10	arrest, shock, or hear	failure.	ist only one cause on each	line.	specific terris, s	uch as cardiac or re	espiratory				Approximate Interval Between	
7	MMEDIATE CAUSE (Final		Cardio re	eniratan	7\						Onset and Death	
	disease or condition a. <u>SQUEUTO TESPITATORY ARREST</u> resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
JAUSE-OF	,	b.	Cancer of DUE TO (OR AS	the lung	and pn	eumonia						
1 1 m	Conditions, if any, which gave ise to the immediate cause									·		
	stating the underlying c. Cardial mitral Vegetations Cause last DUE TO (OR AS A CONSEQUENCE OF):											
070		d.										
いっぱっ	ART II Other significant conditions - Co	onditions c	ontributing to death but not	previously stated in Bort I	107.					Pa_		
ロナリ				, and and and are		WAS DECEDENT PREGNANT OR 9		AS AN AUTOPS		P AUTOPS AVAILABLE P	SY FINDINGS	
7						POSTPARTUM? (Yes or no)		(YJU1no)		COMPLETION OF CAUSE		
_				İ	no		N- 1		2010 OF DEATH? (Yes or no)			
29	Pa. CERTIFIER (Check only CERT	IFYING PI	HYSICIAN To the best of m	y knowledge, death occurred	at the time date	and place and disc	PEGG	HOLING COUNTS	CA			
				ou and/or tuvestigation, in i	IV ODIDION death.	Occurred at the time	the cluses have	COLINITY	GA KAT	ONA		
30	CORC	MER UI	the basis of examination and/	or investigation, in my opinio	on, death occurred	I at the time, date, an	date, and place, and di	c to the cause(s) as	Year AUDIT	TOR		
ERTIFIER "	b. SIGNATURE AND TITLE OF CERTIF	,	29c.						onth, Day, Year)			
L	NAME AND ADDRESS OF BEDSON		m,D			0100000			9/28/00			
	NAME AND ADDRESS OF PERSON V		PLETED CAUSE OF DEAT	TH (ITEM 26) Type/Print)						211	2 4	
1 24	brahim Zabaneh HEALTH OFFICER'S SIGNATURE	M.D.		1400 S.	Lake	Park Av	enue. Ho	bart.	IN: 463/	1.2.		
IEALTH OFFICER	AT .	14	Za						DATE		Day, Year)	
-	MANNER OF DEATH	1240	DATE OF INJURY	Jan M.D				THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CONTROL OF THE COPY OF THE COP				
	U		Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY (Yes or no		34d DESCIPER	HOOME LIES W	SUM REGLARI	-COUNTY	719000	
	☐ Natural ☐ Pending					•	HEA	LTH DEPT			1/_	
1	Investigation Accident	_			<u></u>	. ,		007	6 A 00	00	Ac 1	
i i	Suicide Could not be	34e.	PLACE OF INJURY — At building, etc. (Specif.	home, farm, street, fa	ctory, office	34f. LOCA	ATION (Street and No	imber of Rural Ro	ute Number. Circ	y or Town Sta		
	Homicide Determined		- anality, etc. (apealy)					treet and Number of Rural Route Number, City or Town, State)				
	0.77					i	Carrante					

34h. MOTOR VEHICLE ACCIDENT?(Yes or No.) If yes, specific drives

/D//2-031 Nosthaar/DN 1