## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	ddle, Last)	***********		1a. Maiden Last N	Vame (If Fe	male)		2. Sex	3. Time	of Death	4. Date C	Of Death (Month/Day/Yea	
		Boroughs		01son				emale			l l	ary 4, 201	
	Age - Yrs 6b. Unde	er 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Und	der 1 Hour	1	irth (Month/Day/Y				Or Foreign Country)	
315-12-6147  B. Ever In U.S. Armed Forces?	86 Months		Days	Hours	Minutes			7, 192	3			nesota	
☐ Yes 🔯 No Unknown 🗇	10. If Death Occurred	etaency Departs	nent Outpations III	Dond On Arrivel	1	Death Occurred S							
11. Facility Name (If Not Institution, G	Sive Street And Number)	)	Outpatient [] I	Jeau On Amval	LIHos	spice Facility 🔲 🛭	Jecedent's Home	□ Nursing Hon	ne/Long-Te	rm Care Facilit	Other (Sp	ecify)	
Community Hos	pital									C	2		
12. City Or Town, State, And Zip Cod						13. County Of De	eath			4. Marital Stat	us At Time Of I	Death	
Munster, India 15. Surviving Spouse's Name	ana 4632	1				Lake				Married Married XI Widowed	Married, But S	Separated Divorced  Unknown	
			15a. (If Wife)Giv	e Maiden Last Name	e	16. Deceden	t's Usual Occup	ation		17. Kind @	dusiness/Indu	stry	
None 18. Residence – State				18a. County			Homemaker			Own Home			
Indiana	Indiana			Lake			18b. City Or Town						
18c. Street And Number		La	ке			Schere	rville	18d. Apt. i	Vo.	18e 7in	_	18t Incido Chi Lia	
1329 Charlevoi	ix Way							_	,,,	18e. Zi		18t. Inside City Lim  Yes □ No	
19. Decedent's Education		20. E	Decedent Of Hispani	e Origin		21. Dece	dent's Race			403	13		
High School Gr		No	0			Wh	ite						
	•					her's Name (First,	Middle, Last)			23a.	Mother's Mai	den Last Name	
Robert Olson 24. Informant's Name	n, Sr.		4a. Relationship To	Decodest	1	illian	01so			~   H	endric	cks	
Brooke Borough	າຣ	İ	Daughter		!	Address (Str				5 =	ANTONIA P	and the second	
				25 PI	ace Of Di	Charl	evolx	way, So	الباس —	- T-		46375	
25a. Method Of Disposition.			position (Name Of C	emetery, Crematory	, Other Plac		c. Location - C	ty, Town, And Sta	ite O	and the same of th	man medical of	771	
⊠ Burial	"		7 8, 201						9	ji u	20 2	3H	
Other (Specify): 26. Was Coroner Contacted?	27. Name And Cor	mplete Address	Lawn Me	morial (	Garde			rville,			e zog	and offer	
□ Yes 🟋 No	Anthony	v & Dzi	adowicz	Funeral	l Hom			net Ave				rat Home License Numbe	
27b. Signature Of Indiana Funeral Serv	vice Licensee:					Mun	ster,	Indiana 27c. License No					
dany N. a	Jutho	ny					į	0100		€ :	ວິ່		
<u> </u>		1	Cause	Of Death (See	Instruc	tions And E	xamples)						
<ol> <li>Part I. Enter The <u>Chain Of E</u> such As Cardiac Arrest, Respirate Line. Add Additional Lines If No.</li> </ol>		guries, Or Cor cular Fibrillati	nplications—Tha on Without Show	t Directly Causeding The Etiology.	The Dea	th, Do Not En Abbreviate. Er	ter Terminal E ster Only One	vents Cause On				Approximate Interval: Onse	
nmediate Cause (Final Disease	•		Α. (	ardiop	r/m	690G C	Acc	rst				To Death	
equentially List Conditions, If An			On B.	Concer	Lin	12	To (Or As A Conse	quence Of	m				
ine A. Enter The Underlying Cau he Events Resulting In Death) La	use (Disease Or Iniu		ed s	- 5)-0		// Out	To (Or As A Conse	querce on 1	m				
				/A			1 1		•				
			li li	lalwil	as	Due	Alo (Or As A Corpse	J 5 Y A	17 ST		- <del></del>		
art II. Enter Other <u>Significant Condition</u>	s Contributing To Death	But Not Resulti	- <i>(i</i>	ch 11		unet 29.	To (Or As A Corse 22 Was An Autops	quence Off:	n S	ziki	's_		
335 Juntos Luz	1018208	a.	D. D.	Cause Given in Pa	e K	unet 29.	y o (Or As A Corrse 2 Was An Autops Were Autopsy I	quence Off:	To Comp	SCA (es ⊠ No ete The Cause	Of Death?	☐ Yes 당 No	
50 5 Juntes Luz Did Tobacco Use Contribute To Deal	D1820 82	2_, Hea	D. Find the Underlying	CARAN Cause Given In Pai	1 Fiz	28. 30.	Were Autopsy I	quence Of): ZuA- y Performed?	To Comp	ete The Cause	Of Death?	☐ Yes 🙀 No	
335 Juntos Luz	10/820° 62	2, Hen If Female:	D. One in The Underlying	Cause Given in Pai	Not Pregnant, Johnson Ji Pre	But Pregnant Wilhin	Were Autopsy I	puence Of):  Y Performed?  Indings Available  33. Manner	Of Death:	ete The Cause	· · · · · · · · · · · · · · · · · · ·		
5) 5) 10 L Vz Did Tobacco Use Contribute To Deat Yes Probably 10 No 11 Unknown	10/820° 62	2, Hen If Female:	D. Find the Underlying	Cause Given in Pai	Not Pregnant, Asknown II Pre	But Pregnant Wilhin The Par	Were Autopsy I	puence Of):  Y Performed?  Indings Available  33. Manner	Of Death:	ete The Cause	ending Investigation		
Did Tobacco Use Contribute To Deat Yes Probably No Unknown Date Of Injury (Month/Day/Year)  Location Of Injury - State	D/820 €3 32 1 35. 35.	If Female:  Not Pregnant Within tot Pregnant, But Pregnant	D. Mang In The Underlying  A Block  Past Year   Pregnant egnant 43 Days To 1 Ye	dause Given in Pai	Not Pregnant, Asknown II Pre	But Pregnant Wilhin The Paris E. R. I. I. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. A. E. E. A. E. E. A. E. E. E. C. A. E. E. E. A. E.	Were Autopsy I	puence Of):  Y Performed?  Indings Available  33. Manner	Of Death:	ete The Cause  Accident	ending Investigation	on njury At Work? □ Yes □ No	
Did Tobacco Use Contribute To Deat Yes Probably No Unknown Date Of Injury (Month/Day/Year)  Location Of Injury - State	D/820 €3 32 1 35. 35.	If Female:  Not Pregnant Within tot Pregnant, But Pregnant	D. One in The Underlying	dause Given in Pai	Not Prognant. Advisory (Fig. 1742) COUNTY (	But Pregnant Wilhin The Paris E. R. I. I. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. A. E. E. A. E. E. A. E. E. E. C. A. E. E. E. A. E.	Were Autopsy I	puence Of):  Y Performed?  Indings Available  33. Manner	Of Death:	ete The Cause	ending Investigation	on njury At Work? □ Yes □ No	
Describe How Injury Occurred	10/820 62 32 1 15/8 35. 38a. 0MMUNITY	If Fernale:  Add Pregnant Within  Add Pregnant, But Pr  Time Of Injury  City Or Town	D. In the Underlying  A Block  Past Year   Pregnant regnant 49 Days To 1 Ye	dause Given in Pai	Not Prognant. Advisory (Fig. 1742) COUNTY (	But Pregnant Wilhin The Paris E. R. I. I. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. A. E. E. A. E. E. A. E. E. E. C. A. E. E. E. A. E.	Were Autopsy I	guence Of:  y Performed?  Indings Available  33. Mannet  Matural E  I Stiglide E  IRION Site! Westalu  FILE WITH TI	Of Death:  Homicide Could Not ant, Wood	ete The Cause  Accident	ending Investigation 37. In E	on njury At Work? □ Yes □ No	
Did Tobacco Use Contribute To Deal Yes Probably No Unknown Date Of Injury (Month/Day/Year)  Location Of Injury - State  CO  Describe How Injury Occurred	D/820 €3 32 1 35. 35.	If Fernale:  Add Pregnant Within  Add Pregnant, But Pr  Time Of Injury  City Or Town	D. Mang In The Underlying  A Block  Past Year   Pregnant egnant 43 Days To 1 Ye	dause Given in Pai	Not Prognant. Advisory (Fig. 1742) COUNTY (	But Pregnant Wilhin The Paris E. R. I. I. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. A. E. E. A. E. E. A. E. E. E. C. A. E. E. E. A. E.	Were Autopsy I	y Performed?  Indings Available  33. Manner  Miscride E  Ithor Site Nestau  FILE WITH TI	Of Death:  I Homicide Could Not dant, Wood	dete The Cause  ☐ Accident ☐ P  Be Determined ed Area)  38c. Apt. No.	ending Investigation 37. In E	on  njury At Work?  Yes No	
Describe How Injury Occurred	10/820 62 132 1 150 136 1 138 1	If Fernale:  Add Pregnant Within  Add Pregnant, But Pr  Time Of Injury  City Or Town	D. In the Underlying  A Block  Past Year   Pregnant regnant 49 Days To 1 Ye	dause Given in Pai	Not Prognant. Advisory (Fig. 1742) COUNTY (	But Pregnant Wilhin The Paris E. R. I. I. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. A. E. E. A. E. E. A. E. E. E. C. A. E. E. E. A. E.	Vere Autopsy1 12 Days Of Death 15 Year 16 OF DEATH ON TOTAL CENTRAL 16 DEATH ON	Juence On: A y Performed?  Indings Available  33. Manner  Matural L  Strict Medical  FILE WITH TI	Of Death:  1 Homicide 1 Could Not dant, Wood	Accident Pe Be Dotermined ed Area)  38c. Apt. No.	ending Investigation 37. In E	on  njury At Work?  Yes No	
Date Of Injury (Month/Day/Year)  Location Of Injury - State  CO  Describe How Injury Occurred  FIL  Signature, of Pelson Certifying Caus	10/820 87 132 1 15 1 10 1	H Female:  Id Pregnant Within tot Pregnant, But Pr Time Of Injury  City Or Town  TITLE (	p. Jong In The Underlying  A Block  Past Year   Pregnant egnant 43 Days To 1 Ye  COMPANY  3 488	dause Given in Pai	Not Prognant. Advisory (Fig. 1742) COUNTY (	But Pregnant Wilhin The Paris E. R. I. I. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. R. I. L. C. A. E. E. A. E. E. A. E. E. A. E. E. E. C. A. E. E. E. A. E.	Vere Autopsy1 12 Days Of Death 15 Year 17 Or Death 17 DEATH ON 17 MENT	Juence On:  y Performed?  indings Available  33. Manner  Matural L  Joseph Stre/Nets-L  HTTa  Driver/C	Of Death  Homicide Could Not ant, Wood	deter The Cause  □ Accident □ P  Be Determined ed Area)  38c. Apt. No.  1 Injury, Specify  Passenger □ P	37. I 38d. Zi 38d. Zi	on  njury At Work?  Yes No	
Describe How Injury Occurred  Signature. of Pelson Certifying Caus  Name, Address And Zip Code Of		If Female: With Female: Working Time Of Injury  City Or Town  TITLE (  A 4 3  ause Of Death	D. Ing In The Underlying  I Plock Past Year Pregnant Pregnant 43 Days To 1 Ye  OMPANY  3488	Cause Given In Par  At Time of Death III  Tar Before Death III  LAKE (  38b. Streen	Not Prognant, Abrown   The COUNTY   Set & Numb	But Prognant Within The Paris of Description of the Paris	12 Days Of Death 15 Year 16 OF THE ON 17 MENT 12 Cert 13 Cert 14 Cert 15 Cert 16 Cert 17 Cert	y Performed?  Indings Available  33. Manne  Natural [ Suicido [ Side Restature]  40. If Tra    Driver/C	Of Death  Homicide Could Not ant, Wood	determined	37. I 38d. Zi 38d. Zi	on rijury At Work?  Yes No p Code  or (Specify)	
Date Of Injury (Month/Day/Year)  Location Of Injury - State  CO  Describe How Injury Occurred  FIL  Signature, of Pelson Certifying Caus  Name, Address And Zip Code Of  R. Smith, D.O		If Female: With Female: Working Time Of Injury  City Or Town  TITLE (  A 4 3  ause Of Death	D. Ing In The Underlying  I Plock Past Year Pregnant Pregnant 43 Days To 1 Ye  OMPANY  3488	Cause Given In Par  At Time of Death III  Tar Before Death III  LAKE (  38b. Streen	Not Prognant, Abrown   The COUNTY   Set & Numb	But Prognant Within The Paris of Description of the Paris	12 Days Of Death 15 Year 16 OF THE ON 17 MENT 12 Cert 13 Cert 14 Cert 15 Cert 16 Cert 17 Cert	y Performed?  33. Manne  33. Manne  Natural C  Suicide L  1864 Site Hestau  FILE WITH TI  40. If Tra  Driver/C  iffer (Check Only  tifying Physician  44. Li	one)  Grown  One)  Grown  Grown  Grown  One)	Accident Pede Determined ed Area)  38c. Apt. No.  1 Injury, Specify Passenger Per Health Onber	37.   37.   38d. Zi   38	on  rijury At Work?  Yes No ip Code   or (Specify)  Cortified	
Date Of Injury (Month/Day/Year)  Location Of Injury - State  CC  Describe How Injury Occurred  FIL  Signature of Pelson Certifying Caus  Name, Address And Zip Code Of  R. Smith, D.O  Additional Funeral Service Provider:	POYSOT Deaths  The proof Deaths  For Person Certifying Cales, 801 Ma	If Female: kot Pregnant, But Pr Time Of Injury  City Or Town  TITLE (  A 4 2  Ausse Of Death	D. Ing In The Underlying  I Plock Past Year Pregnant Pregnant 43 Days To 1 Ye  OMPANY  3488	de Cause Given in Pai	Not Prognant Advisory I Pre-	But Pregnant Within The Park E of The Scient's AMERICALE COMPARATION OF THE PARAMETER OF TH	Property of Death Street Property of Death On Property of Property	Juence On:  Jordan Strain Stra	One)  Or Death  Homicide  Could Not  Anti-  One)  One)  Goron  Coense Nur	Accident P Re Be Determined ed Area)  38c. Apt. No.  n Injury, Specify Passenger P P	sedestrian Oth	on rijury At Work?  Yes No p Code  or (Specify)	
Date Of Injury (Month/Day/Year)  Location Of Injury - State  CC  Describe How Injury Occurred  FIL  Signature of Pelson Certifying Caus  Name, Address And Zip Code Of  R. Smith, D.O  Additional Funeral Service Provider:	POYSOT Deaths  The proof Deaths  For Person Certifying Cales, 801 Ma	If Female: kot Pregnant, But Pr Time Of Injury  City Or Town  TITLE (  A 4 2  Ausse Of Death	D. Ing In The Underlying  I Plock Past Year Pregnant Pregnant 43 Days To 1 Ye  COMPANY  3 488  LT Blvd.	de Cause Given in Pai	Not Prognant Advisory I Pre-	But Pregnant Within The Park E of The Scient's AMERICALE COMPARATION OF THE PARAMETER OF TH	Property of Death Street Property of Death On Property of Property	Juence On:  Jordan Strain Stra	One)  Or Death  Homicide  Could Not  Anti-  One)  One)  Goron  Coense Nur	Accident P Re Be Determined ed Area)  38c. Apt. No.  n Injury, Specify Passenger P P	sedestrian Oth	on  rijury At Work?  Yes No ip Code   or (Specify)  Cortified	
Date Of Injury (Month/Day/Year)  Location Of Injury - State  CC  Describe How Injury Occurred  FIL  Signature of Pelson Certifying Caus  Name, Address And Zip Code Of  R. Smith, D.O  Additional Funeral Service Provider:		If Female: kot Pregnant, But Pr Time Of Injury  City Or Town  TITLE (  A 4 2  Ausse Of Death	D. Ing In The Underlying  I Plock Past Year Pregnant Pregnant 43 Days To 1 Ye  COMPANY  3 488  LT Blvd.	Cause Given In Par  At Time of Death III  Tar Before Death III  LAKE (  38b. Streen	Not Prognant Advisory I Pre-	But Pregnant Within The Park E of The Scient's AMERICALE COMPARATION OF THE PARAMETER OF TH	Property of Death Street Property of Death On Property of Property	Juence On:  Jordan Strain Stra	One)  Or Death  Homicide  Could Not  Anti-  One)  One)  Goron  Coense Nur	Accident P Re Be Determined ed Area)  38c. Apt. No.  n Injury, Specify Passenger P P	sedestrian Oth	on  rijury At Work?  Yes No ip Code   or (Specify)  Cortified	