INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

69

45-06-01.301-005-000-003

Loc	al NoC	<u>, 49-1</u>	\mathcal{I}	1				State No				
. Decedent's Legal Name (Fi	rst, Middle, Last)			1a. Maiden Last	Name (If Fe	male)	2. Sex	3.	Time Of Death	4. Date O	f Death (Month/Day/Year)	
	Florian l						Ma		12:24 PM		une 5, 2009	
. Social Security Number	6a. Age – Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	y 6e. Uno Minutes		. Date Of Birth (Mo	•) 8. Birthplace		or Foreign Country)	
334-14-6176	90	Months	Days	Hours		Death Occurred Some	May 4,			Chica	go, IL	
Ever in U.S. Armed Forces	"	eath Occurred in A i	-	-		pice Facility Dece		•		:: П отьот /C-	. naifa	
Yes X No Unknown L . Facility Name (If Not Insti			Department Outpatient	LI Dead On Amval	LIHOS	рисе насину LI Dece	dent's Home LI Nu	rsing mome /	Long Time Cale rac	anty L3 Obiei (Sp	ecity)	
t Margaret Ma	roy Ucenite	ol.							į.		et e	
t. Margaret Me 2. City Or Town, State, And	Zip Code	as				13. County of Death			14. Marital S	tatus At Time Of	Death	
Y 1 D7 46000				Lake				☐ Married ☐ Married			•	
Hammond, IN 46320 15. Surviving Spouse's Name				15a. (If Wife)Give Maiden Last Name			16. Decedent's Usual Occupation			Never Marrie Of Business/Indu		
o. out it was opouled o thank	•			,			•		G. 1			
/A	<u> </u>		N/A 18a. County		1 18	Laborer b City Or Town			Steel	MIII		
8. Residence – State			•	á	"	D CRY OF TOWN				1236		
IN			La	Lake			Hammond 18d. Apt. No. 18e. Zip Codes 18f. Inside City Limits?					
Bf. Street And Number							l		, , ,	4 6 0 0 0	ØiYes ∐iNo	
5 Glendale Pk.			20. Decedent Of His	rnania Origin		21. Deceden	l's Race			46.520		
Decedent's Education			20. Decedent Of the			Z., Deceder			WH-22	C		
	3		1	No	22 12-	other's Name (First, Mi	trile I acti		White	Ba. Mather Ma	iden Last Name	
. Father's Name (First, Mix	odie, Last)				1		acie, Lasty			்ப		
oseph Kan				Appolonia 3 24a, Relationship To Decedent 24b. Mailing Addres			K.an ss (Street And Number, City, State, Zip Code)			Ploszat		
				p to Decedent	1					ယ		
huck Carroll		45 Glendale Pk. Hammond, IN 46320				<i>32</i> 0						
a. Method Of Disposition		25b. Pl	ace Of Disposition (Name		Place Of E tory, Other P		Location - City, To	wn, And State)	- 		
Burial □ Cremation □	Donation D Enton	nbment										
Removal From State Other (Specify):			Holy C	cross Cemete	erv				Calumet Ci	ty, IL		
. Was Coroner Contacted	1? 27. 1	Name And Complet	e Address Of Funeral Fa							27a. Fun	eral Home License Number:	
Yes 🖾 No	Ru	rns-Kish F	uneral Home	5840 Hohma	an Ave	. Hammond.	IN 46320				3002819	
7b. Signature Of Indiana Fu								License Nur	mber (Of Licensee)	. 2		
	2120) /	ouns	/		-		8603	363	<u> </u>	
	20-1		Ca	use Of Death (S	ee Instru	ictions And Exa	mples)			<u> </u>	`M.B	
8. Part I. Enter The <u>Ch</u> Such As Cardiac Arrest, I	nain Of Events—[Diseases, Injuries	Or Complications—	That Directly Cause	d The Dear	th, Do Not Ente	r Terminal Event	s n	200	ਚ	Approximate Interval: Onset	
Line. Add Additional Li	nes If Necessary.		- IDI MIRAGOTI VVIII IOCIC OTI	Card		<i>O</i> • • •	Lie HA	and	λ Ω°		To Death	
nmediate Cause (Final I	Disease Or Cond	lition Resulting In	Death A	Card	1. 11	Due T	(Or As A Consequence	0): 0	<u> </u>) 	7282	
equentially List Condition	ons, If Any, Leadin	ng To The Cause	Listed On B	card	w Va		N'SK	ave	- F	=	X 4 3 3	
ine A. Enter The Under he Events Resulting In I		ease Or Injury Tr	at Initiated			Due T	(Or As A Consequence	On:	3 0 g	-	8 2	
to Evolute Processing Will	Doug, Loo			·		Due T	(Or As A Consequence	Of);		>	2 3	
art li. Enter Other Significa	nt Conditions Contri	buting To Death Bu	E Not Resulting In The Un). derlying Cause Given i	in Part I	29. \	Vas An Autopsy Pe	formed?	□Yes 🔣	No or		
Diohos		nelli7				30.	Nere Autopsy Findi	ngs Available	To Complete The C	ause Of Death?	☐ Yes IZ No	
. Did Tobacco Use Contrib		32. If F						33. Manner	Of Death:	1 4		
Yes ☐ Probably ☐ No U	Inknown	□ Not Pi	regnant Within Past Year Degnant, But Pregnant 43 Days	Pregnant At Time Of Death	☐ Not Pregn	ant, But Pregnant Within 42	Days Of Death		Homicide D Accident	☐ Pending Investiga	ation	
I. Date Of Injury (Month/Da	y/Year)	35. Tin	ne Of Injury	To 1 1ear Delive Death	Place Of a	ury (E. ced l's	ome, Construction	SHE FRESHAP	Hand Anobeled (Mes)		INGUCONNOCIETE	
									E CERTIFICATE V HEALTH DEP		THE WITHING	
B. Location Of Injury - State		38a. Ci	y Or Town	38b.	. Street & N	umber anan	- I EA	KE GOUNT	38c. Ap		. Zip Code	
				9	EP 1	5 2010					DOM CALLS	
9 Describe How Injury Occ.	ırred	<u>-</u>					AMOT)	nsportation liqury, S			
, ,				PEGG	Y HO	LINGA KA	UTOP	☐ Driver/	Operator D Passenge	☐ Pedestrian ☐	Other (Specify)	
Signature Of Dames C	dikina Carres OV		$\rightarrow \wedge \wedge /$	/ NAKE	COL	INTY AUE	A2 Certifica	(Check Only	One)			
. Signature, Of Person Ce	anying Cause Of De	AH	$\mathcal{A}\mathcal{M}$	10			TV Certify		Coroner D He	alth Officer		
	. 0.4 0=	(X)	O(D-1))5An-	1 7 1000		icense Number		ate Certified	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. O. J. Lee 5500 Hohman Ave. Hammond, IN 46320					/,	054623 44. License No.			035185	A 6	-9-09	
46. Additional Funeral Service Provider:							-	47.	Akas:		1. 1. 18	
r. maustorias i fulletas cervic	e i lovidel.										11/10	
 Signature of Local Health 	Office:	7	D Bu	- 1 -			49. For Re	jistrar Only	- Date Filed (Month	/Day/Year):	llac	
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