ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. retusal. Local No. 2243-07

INDIANA STATE DEPARTMENT OF HEALTH

 OINIL	DEITHOLINE	O.	112/12/11	•
CERTI	FICATE OF DEAT	Н	State No	• • • • • • • • • • • • • • • • • • • •

TYPE/PRINT	1 DECEASED - N	IAME (First, M	iddle, Last		I IC 16-1, 19-3		2. SEX	3	a. TIME OF DEAT	H 3b. DATE	OF DEATH(Mon	th, Day, Yr.)
IN IN		4 4 4 4 4 1 1 1		W	Addisor	1	Male	c	5:54 AM	Sept	ember :	17, 200
PERMANENT	Grady	CURITY NUMBI	ER I	5a. AGE - Last Birthday	5b. UNDER 1 YEAR	5c. UNDER		DATE OF BIRTH		7.BIRTHP	LACE (City and S	State or Foreign C
BLACK INK	,,			(Years) 88	Months Days	Hours	Minutes	ine 21,	1919		lsden bama	
	312-05-7531 8a. WAS DECEDENT 8b. YO		Ish VE	AR LAST SERVED IN		11			eck only one Se			
	A U.S. VETER			S. ARMED FORCES?	HOSPITAL: A Inpat	ient			Nursing Home	Other (Speci	i(y)	
	Yes		.	1945 ER/Outpatient		Outpatient 🔲						
	9b FACILITY NAME (If not institution, give str					9c. CITY, TOW	C. CITY, TOWN, OR LOCATION OF DEATH			9d. COUNTY OF DEATH		
DECEDENT	St. Mary Medical Center						Hobart			Do k	∆∂ ke	
	10 MARITAL STATUS 11. SL		11. SUR	JRVIVING SPOUSE 12a. DE		12a. DECEDE	DENT'S USUAL OCCUPATION (Give kind of work during most of working life. Do not use retired.)			12b (KID) OF BUSINESS/INDUSTRY		
	(Specify) Married			give maiden name)	done du Millwr		•		use retired.)	U. S. Steel		
	13a. RESIDENCE		13b. CO		13c. CITY, TOWN OR LO			13d. S	TREET AND NUM			
	Indiana	a	Lake		Hobart			13	20 Lince	oln St		
		131. INSIDE CITY		14. CITIZEN OF	15.WAS DECEDENT OF	HISPANIC ORIG	IN?	16. RACE— A	merican Indian,	□ 17.	DECEDENTS E	
		□ No ⊠		WHAT COUNTRY?	⊠ No □	Yes (If yes, sp	ecify Cuban,	Black, Whit (Specify)	e, elc.	(3P) oith	y only highest gra	ide completed)
	1	13g. ON A FARM	17	1	Mexican, Puerto	Rican, etc.)		(opasily)		Element	condary (0-12)	College (1-4 c
	46342	⊠ No □		USA				White		S	12	N/A
		AME (First Middle, Las		J	1		19. MOTHER'S	NAME (FI	rst, Middle, Maio	en Surganie)		
PARENTS	James (G Addisc	on				Radie	Elizal	oeth Wat	sorw		
	20a. INFORMANT	T'S NAME (Type/P	rint)		20b. MAILING	ADDRESS (S	reet and Number (or Rural Roule N	lumber, City or Tow	n, State, Zip Code	(e) 20c. R	elationship
INFORMANT	Doroth	y Addisc	on		1320	Lincol	n St, H	lobart,	IN 463	42	Wi	fe
	21a. METHOD OF	FDISPOSITION	☐ Ento	mbment	21b. DATE AND PLACE	OF DISPOSITION	ON (Name of ceme	etery, crematory,	, or	tc. LOCATION	- City or Town, S	tate
	153	Cremation		oval from State	other place) September	20, 20	07					- 4
	1	Other (Specify)	_		GRACELAND					Valpara	aiso. T	ndiana
	2Za EMBALMER				22b. EMBALMER'S			23. WAS 0	DEATH REPORTED		?	
DISPOSITION					7722700	050		(2	No □Ye	s 🗃	U)· •
Š	James E		SOTOR		FD20700	ICENSE NUMBI	ED	26 NAME ADD	RESS, AND LICEN	ise viringeb de	FINEDZEHON	ie .
	24a. SIGNATURE	OF FUNERAL DIR	RECTOR		1	(of Licensee)	1.	Burns	Funeral	Home	THE THE	830023
3	FD01009461 701 E. 7th Street Hobart									baut,.I ≤ 463		
	disease or condition resulting in deal			Pulm	twe (feat RAS A CONSEQUENCE CO On ary I):.):s ca-6	e		-	ယ	3 5	
CAUSE OF DEATH	Conditions, if any, rise to the immedia	which gave ate cause		DUE TO (OF	as a consequence of	OF):	-	- 3	EP 17	Radii ing	Weller of the season	144
DEATH	Conditions, if any,	which gave ate cause			RAS A CONSEQUENCE C	DF): YU DF):		2	FP 17	Action in the control of the control	A Medical Catalog May (1) (2) (2) (2) (2) (2)	140
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