10

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Lecal Na 1 /	7-10	Res	1000	\mathbf{r}			Stat	e No		
1 Decedent's Legal Name (First, Middle, Last)			1a Maiden Last Na		2	Sex	3 Time C	f Death 4	Date Of D	eath (Month/Day/Year)
Michael E. Cro	ak				Ma			25 AM		010
		6c Under 1 Month	6d Under 1 Day	6e Under 1 Hour	7 Date Of Birt	h (Month/Day/Yea	er) 8	Birthplace (City An	d State Or F	oreign Country)
9 Ever in U.S. Armed Forces? 10 If Death Occur	5	Days	Hours	Minutes	1	941	Н	ammond	, In	diana
				10a If Death Occurred			T.	^ F6 -	015 (0	4.)
Yes □ No Unknown □ □ Inpatient □ E 11 Facility Name (if Not Institution, Give Street And Numb	imergency Departmen)	ment Outpatient De	ead On Arrival	☐ Hospice Facility ☐	KDecedent's Home	☐ Nursing Home	/Long-1 en	m Care Facility L	Other (Spec	<u></u>
1543 Gleneagles Dr										
12 City Or Town State, And Zip Code	-			13 County Of	Death		14	Marital Status At	Time Of De	ath
Dyer, Indiana 4631	1			Lake	e XD		Married Marr	Married ☐ Married, But Separated ☐ Divorced Wildowed ☐ Never Married ☐ Unknown		
15 Surviving Spouse's Name		15a (If Wife)Give Maiden Last Name			dent's Usual Occupat	pation 17.			7. Kind Of Equinoss/Industry	
Beverly Croak		Stretch		Qua	Quality as				Chemica1	
18 Residence – State	18a Co	ounty		18b City Or Town	18b City Or Town		<u>r</u>			
Indiana		Lake		Dye	r				_	
18c Street And Number						18d Apt N	0	18e Zip Cod		18f Inside City Limits?
1543 Gleneagles Dr								4634	ī	Tyes □ No
19 Decedent's Education		Decedent Of Hispanic	Origin	21 D	ecedent's Race				<u>ی</u>	
12	No	No			White			ω		
22 Father's Name (First, Middle, Last)				Nother's Name (First, Middle, Last)			23a Main's Maiden Last Name			
Arthur Croak				Dorot	hy Croa	ak		H	elm	
24 Informant's Name		24a Relationship To	Decedent	24b Mailing Address	(Street And Number,	City, State, Zip C	ode)			
Beverly Croak		Wife		1543 G1	eneag1e	es Dr.	Dy	er, IN	_463	11
25a. Method Of Disposition	25h Place Of C	Disposition (Name Of C		lace Of Disposition	25c Location - Ci	tv. Town, And Sta	te			
·	200 7 1400 0 7 2	on the second se	,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- ₹ - 6) 	
Burial ☐ Cremation ☐ Donation ☐ Entombment Removal From State Other (Specify)	Bever	cly Ceme	eterv		B1ue	e Isla	nd,	fllim	ois"	
26 Was Coroner Contacted? 27 Name An	d Complete Addres	ss Of Funeral Facility		uneral H				5	27a Funer	L Home License Number
				ter, IN				-	ЕН8 <u>2</u>	002916
27b Signature Of Indiana Funeral Service Licensee.						27c License N		Tjcensee)	~	7,
By y	in-					FD208	000		> ₹	
			•	e Instructions An		to		-^ : -		i A
28. Part I. Enter The Chain Of Events—Disease Such As Cardiac Arrest, Respiratory Arrest, Or V								<u> </u>	. 00	Approximate Interval: Onset
A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Re	esulting In Deat	h A. I	Respira	atory Fa	ilure			<i>-</i> ر	۵ ۵	n To Death
`	-	_ 1	Endetac	ge COPD	Due To (Or As A Cons	equence Of)				
Sequentially List Conditions, If Any, Leading To T Line A. Enter The Underlying Cause (Disease Or		-	EHOS Cac	de COLD	Due To (Or As A Cons	equence Of)				
The Events Resulting In Death) Last		_								
<u>-</u> - ,		С _			Oue To (Or As A Cons	equence Of)				
- ,	Dooth But Not Box	D	ng Cours Given In I	Pag I						
- ,	<u>Death</u> But Not Res	D	ng Cause Given In F	Part I	29 Was An Autop	osy Performed?		Yes X No	Death?	☐ Yes ☐ No
Part II Enter Other <u>Significant Conditions Contributing To</u>	Death But Not Res	D	ng Cause Given In F	Part I	29 Was An Autop	sy Performed? Findings Availabl	e To Com	plete The Cause Of	Death?	Yes I No
Part II Enter Other <u>Significant Conditions Contributing To</u> 31 Did Tobacco Use Contribute To Death?	32 If Female	D sulting in The Underlyin	ant At Time Of Death	Not Pregnant, Bul Pregnant	29 Was An Autopsy 30. Were Autopsy Within 42 Days Of Death	osy Performed? Findings Available 33 Mann	e To Com er Of Deat	nlete The Cause Of Accident Pen		
Part II Enter Other <u>Significant Conditions Contributing To</u> 31 Did Tobacco Use Contribute To Death? X Yes Probably No Unknown	32 If Female	D sulting in The Underlyin within Past Year ☐ Pregn. But Pregnant 43 Days To 1	ant At Time Of Death 【 Year Before Death 【		29 Was An Autopsy 30. Were Autopsy Within 42 Days Of Death The Past Year	ssy Performed? Findings Availabl 33 Mann X Natural Suicide	e To Com er Of Deat Homicide Could No	blete The Cause Of Accident Peniot Be Determined	ding Investigate	on Injury At Work?
Part II Enter Other <u>Significant Conditions Contributing To</u> 31 Did Tobacco Use Contribute To Death? X Yes Probably No Unknown	32 If Female Not Pregnant W	D sulting in The Underlyin within Past Year ☐ Pregn. But Pregnant 43 Days To 1	ant At Time Of Death 【 Year Before Death 【	□ Not Pregnant, But Pregnant □ Unknown If Pregnant Within	29 Was An Autopsy 30. Were Autopsy Within 42 Days Of Death The Past Year	ssy Performed? Findings Availabl 33 Mann X Natural Suicide	e To Com er Of Deat Homicide Could No	blete The Cause Of Accident Peniot Be Determined	ding Investigati	on
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State Form 10110 (R7/9-07) ATTENTION ESTATE The Social Security # is being recuested by this state agency in order to pursue its statutory responsibility. Disclosure is