## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
415 - 11 - 15 - 229 - 017 - 000 - 036

		<u></u>		1a Maidae	Last Name (If Fema	ie)	(1/7-	State No.	3. Time Of		4. Date Of I	Death (Month/Day/Year)	
Decedent's Legal Name (First, CHARLOTTE JASAI)	_			Giffin	Last Harto (III Silva	,	Fem	ale	7:27 AM		August	16, 2010	
Social Security Number	6a. Age Yrs	6b. Under 1 Y	Year 6c. Un	nder 1 Month 6d. Under Hours	1 Day Se. Unde	er 1 Hour 7. Da	March 30,	,	8. Birthpiac	` '	State Or Fore	sign Country)	
56-54-8885	52 	ath Occurred in A			40g If De	with Documed Some					4 4 13		
Ever in U.S. Armed Forces?  Yes No Unknown	utpatient Dead On Arriva	10a. If Death Occurred Somewhere Other Than A Hospital: ☑ Hospice Facility ☐ Decedent's Home ☐ Nursing H						HE T. I MUISERY HOMEN LON					
. Facility Name (If Not Instituti		and Number)						*					
iley Hospice Reside						3. County Of Death	<del></del>		14. Ma	uital Status	At Time Of D	eath	
12. City Or Town, State, And Zip Code Munster, IN, 46321					Lake			□ Wid		rried Merried, But Separated Divorced			
5. Surviving Spouse's Name				15a. (If Wife)Give	e Maiden Last Nâme	,		dent's Usual Occi ner's Aide	pation	0.7	17. Kind O	Business/Industry Education	
	<del>.</del>		18a. County		186.	City Or Town							
B. Residence - State N			Lake		Sct	nererville				0	1		
Bc. Street And Number								18d. Apt. No.		180 <b>E</b>		181. Inside City Lim	
540 Julie Dr.								<u> </u>		46375		12 165 12 160	
-				dent Of Hispanic Origin				Race			29		
High school graduate		mpleted	No, no	t Spanish/Hispanic		ļ	liddle ( est)		_			den Last Name	
22. Father's Name (First, Middle, Last) Elbert Giffin						23. Mother's Name (First, Middle, Last) Rita Giffin				h			
24. Informant's Name			24a.	Relationship To Decedent		alling Address (Stree			0)				
Edward Jasaltis			Spo	ouse	640 J	ulie Dr. , Sche	ererville, IN	46375 					
25a. Method Of Disposition.		7 25b.	Place Of Dispos	ition (Name Of Cemetery, C	25. Place Of Di crematory, Other Pla		. Location - City	Town, And State					
□ Donation □ Entombment	⊠ Burial ☐ Cre ☐ Removal From	metion	Joseph Cer				ammond, Inc	diana		2			
Other (Specify):													
26. Was Coroner Contacted?	27.	Name And Com	plete Address Of	Funeral Facility						_ <u></u>			
28. Was Coroner Corruscied?	I			Funeral Facility Calumet Avenue	Munster, IN 4	16321			1		FHT07		
	Kit	sh Funeral b			Munster, IN 4	16321		1	oense Numi 021590		FHT07		
☑ Yes □ No	Kit	sh Funeral b		Calumet Avenue				1	oense Numl 021590	Of (Of) the	FHT07		
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