INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

. Decedent's Legal Name (F	ingt Michella 1 - 1			1a, Maiden Last N			2. Sex	3. Time Of Death		f Death (Month/Day/Year)
					iame (ii remaie)					0 2010
RITA F. Social Security Number	FALKENB	ERG 6b. Under 1 Year	6c. Under 1 Month	FLYNN 6d. Under 1 Day	6e. Under 1 Hour		EMALE 1 Birth (Month/Day/Yea	.2:35 AM	NOV e (City And State O	. 9, 2010
59-26-6969	84	Months	Days	Hours	Minutes		13, 1926	GRAC	EVYLLE	, MN
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Yes No Unknown L Facility Name (If Not Inst	itution, Give Street A	And Number)	epartment Outpatient 🔲	Dead Off Affival		anty Decoderit a Flori	C recally rome	Long Form Gard Fa	omit) 🖸 outer (op	
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City Or Town, State, And	l Zip Code				13. Coi	inty Of Death		14. Marital	Status At Theof D	Death
CROWN POINT, IN 46307					LAKE			Married ☐ Married ☐ Divorced Wildowed ☐ Never Married ☐ Unknown		
. Surviving Spouse's Nam	e		15a. (if Wife)Gi	ve Maiden Last Nam	e 16.	Decedent's Usual Occu	pation		Of Business/Indu	
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. Residence - State		18	a. County		18b. City O	r Town			0	
NDIANA		1	LAKE		CRO	WN POINT			-1	
c. Street And Number						-	18d. Apt. No		Zip Cod	18f. Inside City Limit
013 E. 125	TH AVEN	UE						4	630700	
Decedent's Education			20. Decedent Of Hispan	nic Origin		21. Decedent's Race	****			
IGH SCHOOL	NO	NO			WHITE s Name (First, Middle, Last)			23a. Mother's Maiden Last Name		
HOMAS FLYN					1 .	DA FLYNN			JASPER	
INFORMANT'S Name	414		24a. Relationship T	o Decedent		dress (Street And Numb	er, City, State, Zip Ci	ode)	OMUL EN	
TEVE FALKE	AUD IZ DA		SON			. 125TH A			T TN	46307
TEAE LUIVE	ENDERG		BON	25. F	Place Of Disposit		VII. 9 CIRC	7MM TOIN	. 3	40307
a. Method Of Disposition.		25b. Place	e Of Disposition (Name Of				City, Town, And Sta	te C	3	
Burial Cremation Removal From State	Donation Enton	nbment NW I	NDIANA CRI	EMATION	SERVICE	CROW	POINT,	INDLANA		四美品
Other (Specify).				•				1374	<u></u>	3.11
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