

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Decedent's Legal Name (First,	Middle, Last)		············		1a. Maiden Last N	lame (If Fem	nale)		2. Sex	State No	3. Time O	of Death	4. Date Of	f Death (Month/Day/Year)
DIAMOND LOUISE SO	CHLUNTZ				COTHRAN				F		6:45 A	ΫI		MBER 11, 2009
Social Security Number	6a. Age Yrs 72	6b. Under 1.1	Year 6c U	nder 1 Month	6d. Under 1 Day Hours	6e Uno Minutes	der 1 Hour	1	OF Birth (Mor	th/Day/Year) 1937	Į .		nd State Or Fo	reign Country)
Ever In U.S. Armed Forces?	10. If Dea	ath Occurred In A	. Hospital:			10a. If D	eath Occurre	d Somewhe	re Other Tha	n A Hospital;	☐ Mosnico E	mility C	CO COMPANIA UNA	me Nursing Home/Lo
Yes 🖾 No Unknown 🛭	☐ Ø Inpati	ent 🗌 Ernergen	cy Department C	Outpatient 🗖 C	Dead On Arrival	Term Ca	are Facility	Other (Spe	cify)	į	Li nospice n	actity Li		ithe LI Nursing Home/Lo
Facility Name (If Not Institute MARGARET MERC		•	TER - SOU	TH CAMPL	JS								0	
2. City Or Town, State, And Zip	Code					1	13. County C	Of Death			14. M	larital Status	s At Time Of D	Death
YER, INDIANA 46311	·						LAKE				□ W		New Marrie	eparated Divorced
5. Surviving Spouse's Name REUBEN W. SCHLUNT	īΖ			15a.	(If Wife)Give Maide	n Last Name	e		·	dent's Usual Oc MAKER	cupalion		17_Kind Ö	OME
8. Residence - State			18a. County				. City Or Tow	m	<u> </u>					
8c. Street And Number										18d. Apt. No	- 1	18e. Zip	Codo	18/ Inside City Lim
7701 CATALPA AVE	ENUE									160. Apr. No		46324		▼ Yes □ No
9. Decedent's Education ligh school graduate (or GED com	npleted		dent Of Hispani t Spanish/	ic Origin Hispanic/Latir	10	21. (Wh i	Decedent's R ite	tace			-	2011	'Y1
2. Father's Name (First, Middle, ROBERT COTHRAN	Last)						her's Name (I STINE CO		Last)			1	Mother Mai	iden Last Name
Informant's Name	-		24a.	Relationship To	o Decedent	24b. Ma	b. Mailing Address (Street And Number, City, State, Zip Co				de)		<u>(1)</u>	-T; T
LLAN B. GADBERRY		· . <u>-</u>	SON	I-POA					REET GRIFFITH, INDIANA 46319					
5a Method Of Disposition	Burial 🛭 Crem	25b, i	Place Of Disposi	tion (Name Of	25. P Cemetery, Cremator	lace Of Di		25c. Loc	ation - City,	Town, And State	e		A., 1-0	
6. Was Coroner Contacted?		Namie And Compl		uneral Facility	TO	STREET	MERRII			, INDIANA		E	FH1040	eral Home License Numb
D. Was Coroner Contacted? I Yes ⊠ No I'b. Signature Of Indiana Funer Should be signature of Indiana Funer B. Part I. Enter The Chair uch As Cardiac Arrest, Re-	27. N CAL al Service Licens	LUMET PAR ee: Diseases, Injur	RK FUNERA Th	L CHAPE Cause Cause Cause Cause Cause	2 7536 TAFT	nt is	the	pro				HOLI	FH1040	Approximate Interval: One To Death
Other (Specify): 6. Was Coroner Contacted? 79. Signature Of Indiana Funer 79. Signature Of Indiana Funer 79. Separt I. Enter The Chair 80. Part I. Enter The Chair 80. Line. Add Additional Line 81. Line. Add Additional Line 82. Sequentially List Conditions	27. N CAI al Service Licens 1. Of Events—C spiratory Arret s If Necessary ease Or Cond	Name And Complete LUMET PAR ee: LUMET PAR Diseases, Injurent, Or Ventricum, Intion Resulting	RK FUNERA Th ies, Or Comp lar Fibrillation In Death use Listed On	Cause ications—The Without Sho	2 7536 TAFT	nt is	actions Are sath, Do No Abbreviate Read	DIE ENER O				HOLI OU	FH1040	Approximate Interval: One To Death
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State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security & to being requested by this state agency in order to pursue as ata

FNT - Highlands FB! OCC73 (Bures t)