INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000674 EDR No 00000185368 State No												
1. Decedent's Legal Name	(First, Middle, Last)			1a. Maiden Name (If female)			2. Sex 3. Time Of Death 4. Date Of Death (Month/					'ear)
PAUL A EICH							MALE	11.	5 PM		02/23/2011	
5. Social Security Number	6a. Age - Yrs	6b. Under 1	Year 6c. Under 1 M	Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date of	Birth (Month/Day/				or Foreign Country)	-
		Master	D	14					NA(E1 / 15			
314-05-9523 9. Ever in U.S. Armed Ford	91 es? 10. # Dea	Months th Occurred in A	Days A Hospital:	Hours	Minutes 10a. If Death Occur		1/15/1919 nere Other Than A		<u>OWELL, IN</u>	١		-
			•	_	☐ Hospice Facility				iome/Long-term	Care Facili	ity	
Yes No Unk				atient Dead on Arrival	Other (Specify)							
11. Facility Name (If Not In ST MARY MEDIC												
12. City Or Town, State, A		INC			13. County O	Death			14. Marital Stat	us At Time	Of Death	\dashv
					Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown							
HOBART, IN, 463				15a. (If Wife)Give Maide	LAKE		6. Decedent's Us	ual Occurati	<u> </u>		or Married Unkno	Wn
15. Surviving Spouse's Na	THE			15a. (II WIIE)GIVE MAIGE	n cast Name	'	io. Decedents Usi	uai Occupati	" N) '/. Kild	Of Business/Housing	<u> </u>
MARGIE EICH				FRANZ		Р	IPEFITTER		q	CONST	TRUCTION	
18. Residence - State			18a. County		18b. City Or Tow	n				•	_	
INDIANA		lı lı	_AKE		MERRILLVII	l F			_	-		
18c. Street And Number			<u> </u>		IVIET UNICE VIE		18d. /	Apt. No.	18e. Zip (Code	18f. Inside City Lim	nits?
EGG4 DOLV STDE	CT.										⊠ Yes □ No	,
5661 POLK STRE			20. Decedent Of I	Hispanic Origin	1 21 12	cadente D	ace				_	
SOME COLLEGE CREDIT, BUT NOT A			20. Decement Of I	Hispanic Origin 21. Decedent's			nace			6		
DEGREE		NIC	White						23a-Mother's Maiden Last Name			
22. Father's Name (First, M	iodie, Last)				23. Mother's Name (F	ırst, Middle,	, Last)				oen Last Name	
JOSEPH EICH					ELIZABETH E	ICH			BER	G		
24. Informant's Name			24a. Relation	ship To Decedent	24b. Mailing Address		d Number, City, Sta	ate, Zip Cod				\neg
TERRY EICH			SON		3515 EAST 15	SRD A	VENUE. HF	BRON.	N 46341			
					ce Of Disposition							
25a. Method Of Disposition			b. Place Of Disposition	on (Name Of Cemetery, Co	ematory, Other Place)	25c. Loca	ation - City, Town,	And State				
Burial Cremation	☐ Donation ☐ Er	ROMOMENT				\			~	•		
Other (Specify):		C	ALUMET PAR	K CEMETERY	ımen1	MERR	RILLVILLE, II	N	3 5	<u> </u>		
26. Was Coroner Contacted		Name And Co	mplete Address Of Fu	ineral Facility					\subseteq	27a. Fun	eral Home License Nu	ımber:
☐ Yes ☐ No			NERAL HOME	INCMERRILLV	ILLE, 7905 BR	OADW	AY, MERRIL	LVILLE	IN 5	EHRS	07762	
27b. Signature Of Indiana	Funeral Service Lic			WI U	FFIL				(Of Licensee):		1771	-
RONALD J. MESA	RCH, BY E	<u>LECTRON</u>			* ic tho c	AND SOLVEN	FD010	05912		<u>,</u>)	
28 Part I Enter The Cl	nain Of Events - I	Diseases Injur		Cause Of Death (Se ns - That Directly Caused				5	_	- T.	* shippens Don	set
Such As Cardiac Arrest A Line, Add Additinal L	, Respiratory Arre	st, Or Ventricu	lar Fibrillation Witho	out Showing The Etiology	. Do Not Abbreviate.	Enter Only	One Cause On			[["	To Death	
Immediate Cause (Fina			n In Dooth)	A CERCIC	•			7	E 7	5 6	·	
Immediate Cause (Fina	I Disease Or Cork	MION Mesumin	g in Death)	A. <u>SEPSIS</u>		Due to (Or As /	A Consequence Of):		2	7.	, ~-	_
Sequentially List Condi	ions, If Any, Lead	ling To The Ca	ause Listed On	B. ATRIAL FIBRILLAT	ПОМ	D 40 10 10 10	10		<u> </u>	<u> </u>	N/A	
Line A. Enter The Und The Events Resulting In	enying Cause (Dis	ease Or Injury	That Initiated			Due to (CF As /	A Consequence Of):					
The Events resouring in	i Doduij Casi			C. ACUTE RENAL IN.	JURY	Due to (Or As /	A Consequence Of):			_	N/A	—
				D.								
Part II. Enter Other Significa	ant Conditions Cont	ributino to Deat			in in Part I	29. Was A	An Autopsy Perform	ned?	☐ Yes	⊠ No		=
						30. Were	Autopsy Finding A	vailable To				No
31. Did Tobacco Use Cont	ribute To Death?		Female:					Manner Of				
		I □ N	lot Pregnant Within Past Year	Pregnant Al Time Of Death	Not Pregnant, But Pregna	int Within 42 De	ys Of Death · · · · · · · · · · · · · · · · · · ·	Natural 🔲	lomicide 🔲	Accident (Pending Investigation ONPLETE	on
☐ Yes ☐ Probably 🖾	No Unknown		at Command But Downson	Davis Vo. 4 mass Before Death	FT HALLS			of dates		PRINCE OF STREET		
☐ Yes ☐ Probably ☒ 34. Date Of Injury (Month/		□ N	iot Pregnant, But Pregnant 43 Time Of Injury	Days To 1 year Before Death 36. Plan	Unknown II Pregnant Will ce Of Injury (E.G., Dece	hin The Past Ye	er Construction Si		II. Woodalit Mis	ин окъ	LEINKLITY AT WORK?	$\neg \neg$
		□ N		Days To 1 year Before Death 36. Plan	Unknown II Pregnant Will ce Of Injury (E.G., Dece	hin The Past Ye	er Construction Si		H DE PAKTME	ин окъ	Yes No	,
	Day/Year)	35.		36. Pla	Unknown II Pregnant Will ce Of Injury (E.G., Dece treet & Number	hin The Past Ye	er Construction Si		II. Woodalit Mis	NT NT	Liniury At Work?	,
34. Date Of Injury (Month/	Day/Year)	35.	Time Of Injury	36. Pla	ce Of Injury (E.G., Dece	hin The Past Ye	er Construction Si		H DEPARTME	NT NT	Yes No	>
34. Date Of Injury (Month/I 38. Location Of Injury - Sta	Day/Year)	35.	Time Of Injury	36. Pla	ce Of Injury (E.G., Dece	hin The Past Ye	ne, Construction Sin	HEAU - M	DEPARTME	мт мт 2011	Yes No	·
34. Date Of Injury (Month/	Day/Year)	35.	Time Of Injury	36. Pla	ce Of Injury (E.G., Dece	hin The Past Ye	e, Construction Sin	HEAU - M	H DEPARTME	NT 34	Yes No	>
34. Date Of Injury (Month/I 38. Location Of Injury - Sta 39. Describe How Injury O 41. Signature, Of Person	Day/Year) te courred Certifying Cause Of	38a.	Time Of Injury City Or Town	36, Pa	ce Of Injury (E.G., Dece	hin The Past Ye	e, Construction Sil	H Transport	386 AOL	NT 34	Yes No	,
34. Date Of Injury (Month/I 38. Location Of Injury - Sta 39. Describe How Injury O 41. Signature, Of Person THACH NGOC NO	Day/Year) Telescoursed Certifying Cause Of GUYEN, BY	35. 35. 38a.	City Or Town ONIC SIGNAT	36, Pa	ce Of Injury (E.G., Dece	hin The Past Ye	e, Construction Sin	H Transport	384 Apt. 1384 Apr. 1384 Ap	101 30 30 30 30 30 30 30 30 30 30 30 30 30	Triffith At Work? Yes No Bd. Zip Code Char (Specify) Heath Officer)
34. Date Of Injury (Month/I 38. Location Of Injury - Sta 39. Describe How Injury O 41. Signature, Of Person	Day/Year) Telescoursed Certifying Cause Of GUYEN, BY	35. 35. 38a.	City Or Town ONIC SIGNAT	36, Pa	ce Of Injury (E.G., Dece	hin The Past Ye	e, Construction Sil	H Transport	384 Apt. 1384 Apr. 1384 Ap	101 30 30 30 30 30 30 30 30 30 30 30 30 30	Tes No	
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34. Date Of Injury (Month/I 38. Location Of Injury - Sta 39. Describe How Injury O 41. Signature, Of Person THACH NGOC NO 43. Name, Address And Zi THACH NGOC NO 46. Additional Funeral Sen	Day/Year) Telesconded Certifying Cause Of CUYEN, BY p Code Of Person Of December 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (Death: ELECTRO Certifying Cause 0 EAST 86	City Or Town ONIC SIGNAT OF OF Death: 6TH PLACE, N	JURE SERVICE S	treet & Number N 46410-6258	nn The Peat Ye	e, Construction Sit	M IT Transport the Prival Check Only Physician 44. Lideon 47. *Aka	See Apt. 1386 Apt. 1386 Apt. 192 Apr. 192 Corone Number 86A	NT 30 30 30 30 30 30 30 30 30 30 30 30 30	No. 2 Per Property (Specify) Heath Officer 5. Date Certified 03/01/2011	
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