## **CERTIFICATE OF DEATH**

Local 1. Decedent's Legal Name (f	001										
1. December to Deger Hamber 1	al No 000		E	DR No 0000		891	2. Sex	State I	No ne Of Death	4. Date C	Of Death (Month/Day/Ye
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AARON HAYWOOI		T 2			Ta : 0 : 70	. 1 2 5 2	MAL		0:45 PM	by and Chata	04/09/2011
5. Social Security Number	6a. Age - Yrs	6b, Under 1	Year   6c. Under 1 Mon	nth 6d. Under 1 Day	6e. Under 1 Ho	our 7. Date	of Birth (Mont	n/Day/Year)	a, Birthplace (Cit	ly and State	or Foreign Country)
420-64-6371	64	Months	Days	Hours	Minutes	•	06/26/19	46	DEMOPOL	IS, AL	
9. Ever in U.S. Armed Force		ith Occurred In	A Hospital:		10a. If Death C						
☐ Yes 🗵 No 🗀 Unkn	nown 🔲 Inpatii	ent 🔲 Emerge	ency Department Outpatie	ent Dead on Arrival	☐ Hospice Fac	•	ecadent's Hom	ie [_] Nursi	ng Home/Long-ter	m Care Facil	lity .
11. Facility Name (If Not Ins		et and Number)	l		1 <del></del>	<u> </u>			·····		
1345 BURR STREI 12. City Or Town, State, And					13 Cou	nty Of Death			14. Marital St	atus At Time	Of Death
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GARY, IN, 46406					LAKE				☐ Widowed		er Married 🔲 Unknov
15. Surviving Spouse's Nam	ne		1	5a. (if Wife)Give Maide	n Last Name		16. Decede	nt's Usual Occu	pation	17. Kind	Of Business/Industry
	_		_				0041151				D 0TEE: 000
PEGGY HAYWOO 18. Residence - State	טע		18a. County	SINN	18b. City Or	Town	CRANEN	IAN		IINLANI	D STEEL CORE
io. Residence - State			ioa. County		IBD. City Ci	t OWIT					
NDIANA		[8	LAKE		GARY						
18c. Street And Number								18d. Apt. No.	18e. Zip	Code	18f. Inside City Limi
1345 BURR STRE	ET									100	⊠ Yes ☐ No
19 Decedent's Education			20. Decedent Of Hisp	nanic Oriele	1 -	Decedent's	Race		46	3406	1,
HIGH SCHOOL GF	RADUATE (	OR GED	20, Decedent Of hisp	parac Oligin	1	. Decedents	, vacc				_
COMPLETED			NOT HISPANI	IC	ВІ	ack or Afr	ican Amei	rican		~	)
22. Father's Name (First, Mic	iddle, Last)				23. Mother's Na	me (First, Mid	dle, Last)		23a.	Mother's Ma	len Last Name
NI DEDT HANGAGO	00				OODINE !!	*****	_		0.54		-
ALBERT HAYWOO  24. Informant's Name	טט		24a. Relationship	n To Decedent	CORINE H			City State Zin C	GRA	ANT	<b>-</b>
	_			p 10 Docodon	•	•	-	• • • • •	ŕ		
PEGGY HAYWOO	<u>)D</u>		WIFE	·	1345 BURI	R STREE	T, GARY	IN 46406	5		<u> </u>
25a, Method Of Disposition		1 2	5b. Place Of Disposition		ce Of Disposition	ece) 25c I	ocation - City	Town, And Sta	10		<b></b>
Burial Cremation			ob. Tiada Of Disposition	(realize of Comments), Co	armatory, Other in	250. 0	.0000011-0119,	TOMI, AIM GIA		- Q	<b>n</b>
Removal From State							_			ر	ວ
Other (Specify):			VERGREEN ME			HOE	BART, IN				
26. Was Coroner Contacted	17 27.	. Name And Co	omplete Address Of Funer	ral Facility	1400 0	n+ 1				27a. Fur	neral Home License Nun
🗌 Yes 🗵 No	G	IIV O ALLI	EN ELINEDAL D	IPECTORS 30	EO MEST 4						
		U I OLALLI					MILLE CA	NDV IN AC	NON		107701
27b. Signature Of Indiana F			EIV TOTAL D	JINECTORS, 28	DA MEST	11H AVE	ENUE, GA			FH830  :	007704
776. Signature Of Indiana F TAQUIA BLEVINS	Funeral Service Lic	ensee:	SIGNATURE	OTO	RR	CL	A T F		nber (Of Licensee)		007704
TAQUIA BLEVINS	Funeral Service Lic B , BY ELEC	TRONIC S	GNATURE	Cause Of Death (Se	Instructions A	nd Example	A T A	c. Cicense Nun 02050000	nber (Of Licensee)		Approximate
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Pave H 45-07-12-255-06.000-004

Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

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