INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	i No 001	202		EDR No 0000	JUU19566	35		State N	o 0178	366	
Decedent's Legal Name (Fig. 1)	irst, Middle, Last)			1a. Maiden Nam			2. Sex		Of Death		Of Death (Month/Day/Year)
RAYMOND S OPPE	RMAN						МАІ	F 10	:20 PM		04/21/2011
5. Social Security Number 6		6b. Under 1 \	Year 6c. Under 1	Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date	****			Ity and State	or Foreign Country)
310-38-6266	70	Months	Days	Hours	Minutes		07/26/19	MO 1	MUITING	(KI	
9. Ever in U.S. Armed Forces		h Occurred in A		Tiours	10a. If Death Occur	red Some			WHITING,	ŧIN	
☐ Yes ⊠ No ☐ Unkno		at 🗖 E	D		Hospice Facility	🛛 D	ecedent's Ho	me Nursing	Home/Long-te	rm Care Fac	ility
L	. 1	=	ncy Department Out	patient Dead on Arnvai	Other (Specify)						
11. Facility Name (If Not Insti 6803 KANSAS AVE		t and Number)									
12. City Or Town, State, And				·	13. County O	f Death			14. Marital S	tatus At Time	of Death
									Married [Married,	But Separated Divorced Per Married Divorced
HAMMOND, IN, 463				15a. (If Wife)Give Maide	LAKE	1	16 Decede	ent's Usual Occupa			or Married Unknown 1 Of Business/Industry
i io sammig aposas i inchi				134. (ii trile)citto inalce	II Last warre		IU. DOCECE	mit a Ostrai Occupi	11011	17. KRK	i Or business/industry
ANNA L OPPERMA	.N			FOUST			STREET	DEPARTM	IENT	CHO/ C	OF HAMMOND
18. Residence - State	_		16a. County		18b. City Or Tow	'n				0	
INDIANA		l _L	AKE		HAMMOND						
18c. Street And Number	•							18d. Apt. No.	18e. Zij	Couc-	18f. Inside City Limits?
6803 KANSAS AVE	NIE										⊠ Yes 🛘 No
19. Decedent's Education			20. Decedent Of	Hispanic Origin	1 21 D	ecedents	Race		46	328	
-	- - :-		1	•	21. Decedent's Race				~		
9TH - 12TH GRADE; NO DIPLOMA NOT HISPANIC 22. Father's Name (First, Middle, Last)					White 23. Mother's Name (First, Middle, Last) 23. Mother's Name (First, Middle, Last) 23. Mother's Name (First, Middle, Last)						
variet a Harris (First, MIOU	, 2001/				20. MUTHER'S NAME (F	asi, MiCC	ne, Last)		23a.	MOTERIA ME	aiden Last Name
CHARLES OPPERA	MAN				VERA OPPER	MAN			GUI	MARP	
24. Informant's Name			24a. Retation	nship To Decedent	24b. Mailing Address		And Number,	City, State, Zip Co			
ANNA L OPPERMA	N		SPOUSE	E	6803 KANSAS	S AVE	NUE, HA	MMOND, IN	46323		
				25. Pla	ce Of Disposition						
25a. Method Of Disposition Burial Cremation	Donation Ent		b. Place Of Dispositi	ion (Name Of Cemetery, Cre	ematory, Other Place)	25c. L	ocation - City,	Town, And State			
Removal From State							_				
Other (Specify): 26. Was Coroner Contacted?	Laz			N CREMATORY		SCH	ERERVI	LLE, IN			
26. Was Coroner Contacted?	I		nplete Address Of F	AL SERVICE INC.	DEN COLAN E	ובווחו	14.85	NINIEDY AV	- LIL 1	22 Fu	neral Home License Number:
☐ Yes ☑ No	ISC	HERERVI	ILLE, IN 4637	75	DBA SULAN-F	HUZI	N, 14 KE	INNEDY AV	ENGE:	FILE O	200087
27b. Signature Of Indiana Fur DEAN G WAGNER	neral Service Lice	nsee:				T		c. Dicense Number	" policy !):):=	[7] to
DEAN G WAGNEN	, DT ELEC	I HOIVIC S	BIGINATURE	Cause Of Death (See	Instructions And E	xample		008800057	<u> </u>	~<_>2	Approximate
28. Part I. Enter The <u>Chair</u> Such As Cardiac Arrest, R	n Of Events - D	iseases, Injuri	es, Or Complication	ns - That Directly Caused	The Death, Do Not E	nter Ter	minal Events	200	<u>Č</u> .,	ယ်	~ Interval: Onset
A Line. Add Additinal Line	espiratory Arres										
	s If Necessary.	u Or ventrico	iai Fibitiiation with	out snowing the Etiology.	Do Not Abbreviate.	Enter On	lly One Caus	e On			To Death
Immediate Cause (Final D	s if Necessary.		. 4	- 1 0	~				(C.)	P	FLEVEN YEARS
Immediate Cause (Final D	s if Necessary.		. 4	A. RECURRENT LEF	~				(C.)	<u> </u>	BIZEVEN YEARS
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