INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Local No 002051			EDR No 000000207823				State No 029456				
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (if		female)		2. Sex 3. Time		4. Date (Of Death (Month/Day/Year)	
BOBBIE SUE SHELTON 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	i 6c Under i Mont	FISHER h 6d. Under 1 Day	6e. Under 1 Hour	7 Date o	FEM		21:51	City and State	07/02/2011 or Foreign Country)	
						•	, ,		•	or Foreign Country)	
310-38-6498 72 9. Ever in U.S. Armed Forces? 10. If Dea	Months th Occurred in A Hos	Days spital:	Hours	Minutes 10a. If Death Occu		04/17/1 where Other		LORETT	A, TN		
		Department Outpatier	nt 🔲 Dead on Arrival	☐ Hospice Facility ☐ Other (Specify)	⊠ De	cedent's Ho	ome Nursin	g Home/Long-t	erm Care Faci	lity	
11. Facility Name (If Not Institution, Give Stre 15 WILLOW LN LANE	et and Number)			4							
12. City Or Town, State, And Zip Code		13. County Of Death 14. Marital Status At Time Of Death									
SCHERERVILLE, IN, 46375 15. Surviving Spouse's Name		15	a. (If Wife)Give Maider	LAKE		16 Deced	lent's Usual Occur	☐ Widowe	ed 🔲 Neve	lut Separated Divorced er Married Unknown Of Business/Industry	
			a. (ve) dive maide	, Luar (value)			·	oation)	17. Killed	Or Dusiness/moustry	
JIMMY SHELTON 18. Residence - State		County	FORK LIFT 18b. City Or Town				STEEL				
INDIANA	LAK	Έ		SCHERERV	/II I E						
18c. Street And Number				JOOHLINERY	TELL	-	18d. Apt. No.	18e. Z	ip Code	18f. Inside City Limits?	
15 WILLOW LN LANE								Δ	6375	☑ Yes ☐ No	
19. Decedent's Education	20	Decedent Of Hispa	anic Origin	21. D	ecedent's F	Race			N3"	<u> </u>	
8TH GRADE OR LESS	N	OT HISPANIC		White	•				O		
22. Father's Name (First, Middle, Last)				23. Mother's Name (First, Middle, Last)			23a. Mother's N			iden Last Name	
FREMAN FISHER			SARAH ELIZABETH FISHER				PAYNE				
24. Informant's Name	24a. Relationship	24b. Mailing Address (Street And Number, City, State, Zip Code)									
JIMMY SHELTON	HUSBAND		15 WILLOW LN LANE, SCHERERVILLE, e Of Disposition					IN 4637 6			
25a. Method Of Disposition		ace Of Disposition (N	lame Of Cemetery, Cre	matory. Other Place)	25c. Loc	cation - City	, Town, And State		ည်		
☐ Removal From State						\ F					
Other (Specify): 26. Was Coroner Contacted? 27.		ORY LANE M e Address Of Funera	EMORIAL PAR	RK	CRO	WN PO	INT, IN		<u>'</u> ፓ	eral Home License Number:	
ME MAIN		CEMETERY	AND FUNERA	L HOME CHA	PEL, 6	305 W	LINCOLN H	IIGHWAY			
27b. Signature Of Indiana Funeral Service Lice	ensee:		\mathcal{T}	FIC	IA		7c. License Numb D21000095	er (Of License			
	/ r	Dia . D C	ause Of Death (See				C			Approximate	
28. Part I. Enter The <u>Chain Of Events</u> - D Such As Cardiac Arrest, Respiratory Arre	st, Or Ventricular F	Or Complications - 1 ibrillation Without S	That Directly Caused howing The Etiology.	The Death. Do Not E Do Not Abbreviate.	Enter Term Enter Only	inal Event One Cau	se On	_	3	Interval: Onset To Death	
A Line. Add Additinal Lines if Necessary. Immediate Cause (Final Disease Or Cond			LUNG CANCER	unty Ke	cord	der!		<u>\$</u>		CO	
I Sold States (Fine Process of Sold	induit resolding in E	700til) A.	EGITO GARGER		Due to (Or As	A Consequence		יים		2 YEARS	
Sequentially List Conditions, If Any, Lead Line A. Enter The Underlying Cause (Dis		GI BLEED		Due to (Or As	A Consequence		2:	ति ।	DK ₹1 MONTH		
The Events Resulting In Death) Last	С			D				ာ	~		
•		D.			Due to (Ur As	A Consequence	2011	2	≥ 20	Ë	
Part II. Enter Other Significant Conditions Control	ibuting to Death But		Underlying Cause Givin	ı in Part i			Performed?	, □ Vo	n Marko	Z 🗀	
PULMONARY EMBOLISM					30. Were	Autopsy Fi	nding Available To	Scimplete The	Cause OCDea	oth? ☐ Yes ☐ No	
31. Did Tobacco Use Contribute To Death?	32. If Ferna Not Pregi		Pregnant At Time Of Death	Not Progr		ays Of Death	33. Manner C	f Daath:		Pending Investigation	
X Yes	35. Time 0	oant. But Pregnant 43 Days 1	o 1 year Refore Doath	known Ifant Wit	hin The Past Ye	ear Constru		Could Not Be	Determined		
The same of injury (Manifestaly real)	So. Time	or myory	E	ER Canbell	N TOP	ie, Constru	ction Site, Restaul	ant, wooded A	irea) 37	'. Injury At Work? ☐ Yes ☐ No	
38. Location Of Injury - State	38a. City C	r Town	38b. Str	EAR MOUNT)کی	ANC		38c. Apt	. No. 38	d. Zip Code	
39. Describe How Injury Occurred			2/ n	I Juga	KHI	TOH				dt	
			-60	HOLING!	AUU		40. If Transpo	rtation Injury, S	Specify: Pedestrian 0	thar (Specify)	
41. Signature, Of Person Certifying Cause Of GHASSAN JANO, BY ELECTI	RONIC SIGNA	ATURE	PEC	CO		42. Ce ⊠ ¢e	rtifier (Check Only rtifying Physician	(One)	ner	Heath Officer 1	
43. Name, Address And Zip Code Of Person C	ertifying Cause Of D	eath:	This is a second	THI THE			44. Lice	nse Number		Date Certified	
GHASSAN JANO , 200 E. 89T	H AVE, 2A, №	MERRILLVILL	E, IN 46410					756A	1	07/07/2011	
	. <u>.</u>						47. *Ak			TAP	
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTR	RONIC SIGNA	ATURF				49. For Re	egistrar Only - D	ate Filed (Moni			
		AMENDME	NT TO CERTIFICAT			,		JUL 13	2011		
22-First: FREEMAN 45: 7/7/2011 12:00:00 AM 49: 07-JUL-11 22-Last: SHELTON	1 # 4	S-11-0	S-129-0	2.000	-03	36		03	814	2	

State 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.