being requested b	TATE: The Social Security y this state agency in orde	r to INID		MATE DED	·			,, 00	noo on		
pursue its statutor	ry responsibility. Disclosure will be no penalty for refus	ais IINL	1ANA SI	IDI - CO 3	ARTMENT	OF HE	EALIH 5-15-22-1	72W	7200-014	1	
Local No	179-05		C	ERTIFICAT	E OF DEA				7.00-014		
	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 45-15-22-101-005.000-014										
TYPE/PRINT	1. DECEASED-NAME (First, M		2. S		3a. TIME OF DEA		E OF DEATH (Month, Day, Yr.)				
IN 'ERMANENT	James Kurrack 4. *SOCIAL SECURITY NUMBER 5a. AGE—Last Birthday			Sb. UNDER 1 YEAR Sc. UNDER 1 DAY 6. DATE OF BIRTH (MG			10:52 a		AGE 10 2 , 200		
BLACK INK	309-22-8708	(Yes	79	Months Days	Hours Minutes	June	1,1925	1	v Ind.		
	8e. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAS	SERVED IN			·	F DEATH (Check only or				
		1946	roncesi	HOSPITAL: Inpet		OTHE	<u> </u>	Other (S)			
	9b. FACILITY NAME (If not institu		d number)	☐ ER/Outpatient ☐ DO/		TY, TOWN, OR LOCATION OF DEAT		9d. COUNTY OF DEATH			
DECEDENT	Franciscan	Homes	203 Fra	nciscan	nciscan Dr, Crown Point				Lake		
	10. MARITAL STATUS (Specify)	11. SURVIVING				NT'S USUAL OCCUPATION (Give kind of wing most of working life. Do not use retired)			OF BUSINESS/INDUSTRY	<u>, </u>	
	Married	Janet Kurr		ıck		<u>pefitter</u>		Local 597			
	13a. RESIDENCE—STATE	13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND		N			
	Indiana	Lake	CITIZEN OF	Cedar La	L K E OF HISPANIC ORIGIN?	116 84	9436 W.	<u>1</u> ≨2.5 t	TOURT	ION	
			VHAT COUNTRY?	□ X N₀ □ \	es (If yes, specify C	uban. Bi	lack, White, etc.	(Sp	pecify only highest grade con	npleted)	
	13g. ON A FAR	1 U	.S.A.	Mexican, Puerto R	ican, e(c.)	Whi	Specify)		Serrondary (0-12) College	e (1-4 or 5 +)	
PARENTS	18. FATHER'S NAME (First, Middle			<u> </u>	19. M	1	AE (First, Middle, Maiden		300		
PAREINIO	Otto Kurr	Stella Racher									
NFORMANT	20a. INFORMANT'S NAME (Type						al Route Number, City or			p	
	Janet Kur			·				Trans.	∷In¢ Wife		
	21a. METHOD OF DISPOSITION Data Company Company	☐ Entombmen			of Disposition (Name	_	Cemetery		City of Town State r Lake Inc	đ.	
	☐ Donation ☐ Other (Spec		TI State	Jan. 6,		2200		0000	i zanc, in	.	
DISPOSITION	22a EMBALMER'S NAME:) , ,		22b. EMBALMER'S	LICENSE NO.	2	23 WAS DEATH REPOR	TED TO CORC	DNER?		
	Henry !	SLAK	SIN'	FD0101	9406	II	X 100 □ A	es			
	248 SIGNATURE OF BUNERAL O	RECTOR			CENSE NUMBER of Licensee)		ME ADDRESS AND LIC				
4	low Tax	AP I	IS POC	ument 18	20200095				Dr.Cedar	Taka T	
			thella	ke Cour	ty Reco	rder!		HOLE		*******	
		only one cause on		er nonspecific terms, suc	m as cardiac or	respiratory	Approximate Interval Between				
				vition and weight loss				Months Onset and Death			
CAUSE OF	disease or condition resulting in death)	M	DUE TO (O	R AS A CONSEQUENC	- Primary.	site! Ki	idness of the		montes		
DEATH	Conditions, if any, which gave	b. <u>/</u> _		R AS A CONSEQUENC							
	rise to the immediate cause, stating the underlying	c	DUE TO (O	R AS A CONSEQUENC	5.05)						
	cause last	d.	000 10 (0)	AS A CONSEQUENC	E OF X	AUG	17 2011		The state of the s		
i	PART II. Other significant condition	- Conditions con	tributing to death bu	t not previously stated in	Part I. 27. WAS	25052511	1 mg 8 70	ONAsy	28b. WERE AUTOPSY F	INDINGS	
ļ	Recent preumonio	1. hely M	lated to p	I money metal	PREC POS	NANT OR SE	DEIN GA KAT	FOR	AVAILABLE PRIOR COMPLETION OF C	TO	
	Chronic Co streets	on me shirter	termonths	e Kneuman		KE CO	DENGA AND		OF DEATH? (Yes or		
Ì							and due to the cause(s) a		<u>.</u>		
·							the time, date, and place.		cause(s) as stated.		
							e, date, and place, and du				
ERTIFIER	296. SIGNATURE AND TITLE OF	CERTIFIER	Men	JE ME	NA	2	. MEDICAL LICENSE		29d. DATE SIGNED (Mont		
	30. NAME AND ADDRESS OF PER	- >	DI ETED CANOS O	U Cult			01046970-	4	01/19/200	<u> </u>	
	SPENCER J		VITZ, ME		MORSEST.	et z	AR LAKE,	N 463	.03.		
IEALTH .	31. HEALTH OFFICER'S SIGNATURE										
FFICER		Sert s.o.			i	HEALTH DEF TON DATE DAY DOWN					
	33. MANNER OF DEATH 34a. DATE OF INJUR (Month. Day, Yea			1			RK? 344. DESCRIBE HOW INJURY OCCURRED				
	☐ Natural ☐ Pending			INJUNT	(res or no)		1) McDook.es	JA	V 2 1 2005	$\mathcal{U} \cup \mathcal{U}$	
	Accident Investigation		PLACE OF INJUR	/—At home, farm, street	factory office	34f 1.00	ATION (Street and No.	her or Rural Da	ute Number City or Town Sa		
	☐ Suicide ☐ Could not be building, etc. (Spec			ffy)				and Number or Rural Route Number City or Town, State)			
]	Homicide				 				028359	112.	
ļ	34g. DATE PRONOUNCED DEAD	(Month, Day, Year	34h. MOTOR	VEHICLE ACCIDENT?	(Yes or no) If yes, spe	cify driver, pass	senger, pedestrian, etc.			i	

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1