6206112613
* ATTENTION ESTATE: The Social Security # is
being requested by this state agency in order to
pursue its statutory responsibility. Disclosure is
belade its statutory responsibility. DISCIGSUIS IS
voluntary and there will be no penalty for refusal

## INDIANA STATE DEPARTMENT OF HEALTH

Local No	⇒ 902 -03 THE RECORDS IN THIS S	SERIES ARE CONFIDENTIAL	CERTIFICA Services	TE OF DEA	TH s	tate No	<b>).</b>	••••••	
TYPE/PRINT	T 1 DECEASED-NAME (FEM IN				2 SEX 3a TIME OF DI Female 12:00 A				
PERMANEN BLACK INK		Se. AGE—Last Birthday (Years) 80	Sb. UNDER 1 YEAR Months Days	August 5, 1923		BRITISPLACE (City and State or Foreign Country) Tolleston Indiana			
	No N/A		HOSPITAL   Impetient   C		9a. PLACE OF DEATH (Check only one   OTHER   Nursing Home   NA   Residence				
DECEDENT	3917 E. 34th Lane	ion, give street and number)	and number)		%. CITY, TOWN, OR LOCATION OF DEATH Hobart		SI. COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife give marden name) H. Norman Stang	ebye	12a. DECEDENTS USUAL OCCUPATION (Give kind of done during most of working life. Do not use restroid) Piano Teacher/Church Organi					
	Indiana	136. COUNTY Lake	1 Max (0) 1, 1 (0) 111, (0) 11		OCATION 13d. STREET AN 3917 E. 3				
	13e ZIP CODE 13f INSIDE CITY LIMITS 14 CITIZEN OF 15 WAS DECEDENT OF HISPANIC ORIGINT WHAT COUNTRY? NO 1 Yes (H yes specify C 46342.				17. DECEDENT'S EDUCATION (Specify only highest grade completed)				
0100170	46342 134 ON A FARE N NO D	Yes U.S.A.			White	1	12 (0-12)	College (1-4 or 5 + )	
PARENTS	19. MOTHERS NAME (First Meddle Menden Surname) Frank A. Papke  20a. INFORMANTS NAME (Type/Print)  20b. MAKING ADDRESS (Street and Number or Paral Route Number. City or Town. State. Zip Code)  20c. Relationship								
INFORMANT	H. Norman Stange	ebye	3917 E. 3	34th Lane, Ho	bart, IN 46342	ty or Town.	J	Relationship Sband	
		☐ Removal from State	other place  Other place  Calvary Ceme	ec 6, 2003	of cometary, crematory, or	1	tage	State	
DISPOSITION	224 EMBALMERS NAME James J. Krause		22b. EMBALMER'S L FD0100646		23. WAS DEATH RE	PORTED TO	O CORO		
	246 SIGNATURE OF FUNERAL DIRECTOR  246 LICENSE MUMBER  25. MANE ADDRESS. AND LICENSE MUMBER OF FUNERAL HOME  (of Licensee)  FD01006463  A COUNTY Old Ridge Road, Hobart, IN 46342-0488								
CAUSE OF DEATH	26. PART t Enter the diseases errest, shock or h MANEDIATE CAUSE (Final diseases or condition resulting in death)  Conditions, if any, which gave rise to the strendistic cause, stating the underlying cause last	b	RAS A CONSEQUENCE O	Tomains	derty of	200	701 AUG 24	Approximate Interval Between Onset and Death	
	PART H. Other aignificent conditions - C	Conditions contributing to death but	not previously stated in Pa	41 11	OF DAYS PERFO	PAMED?	COMPLETIO OF DEATH	EÉGORTO ON OF CAUSE	
21	one) HEAL	THE OFFICER On the basic of examinable of the basic of examinable of the basic of examinable of exam	tmination and/or investigati	on, in my opinion, death o	curred at the time, date, and plac	6. and due 1	to the caucolal as stated.		
CERTIFIER	SIGNATUME AND TIPLE OF CERT	NER.			290 MEDICAL LICENS	E NO	204 DATE SICHET	D (Month Day, Year)	
3.0	NAME AND ADDRESS OF PERSON  John E. Carter MD	who completed cause of 295 S. Wisconsin S	DEATHOTEM 26) (Type// Street, Hobart,	IN 46342				1_0	
i	HEALTH OFFICENS SIGNATURE	Suscer in	331	NAmer O.O.		De	32 DATE FRED UM	40rds Day, Year) -92003	
	MANNER OF DEATH  M Netural Pending Investigation	34e PLACE OF INJURY  34e PLACE OF INJURY  bidden ar (Sourch)	346 TIME OF HULLRY	34c INJURY AT WOR		W 14	°CD°	\$11	
1	Suicide Could not be Determined  Homicide		,	7	OCATION (SI AUG	_	pt Route Number, City or To	oven, State)	
(J) 340	DATE PRONOUNCED DEAD (Mont	h Day Year) 34h MOTOR VE	HICLE ACCIDENT? (Yes	ar no). If yes specify dr	TAKE DOUN	MGA I TY AL	AKOTA HOTIGL	CVA	

SDH06-004 State Form 10110 (R5/1-99)