## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

. Decement's cegar Name (First, Milodie, Cast)	Local No 000993  1. Decadent's Legal Name (First, Middle, Last)		EDR No 000000220556		State No 041647		
			. ,		3. Fime Of Death	Date Of Death (Month/Day/Yea	
AARGIE A PRITCHETT  Social Security Number   6a. Age - Yrs   6b. Ur	nder 1 Year   6c. Under 1	ROBINSON Month 6d Under 1 Day		FEMALE  Date of Birth (Month/Day/Yea	05:11 AM	09/22/2011 ty and State or Foreign Country)	
316-26-4422 84 Months	s Days	Hours	Minutes	10/08/1926			
Ever in U.S. Armed Forces? 10. If Death Occurr		110013	10a. If Death Occurred S	Somewhere Other Than A Ho			
☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐ E	Emergency Department Out	tpatient 🗋 Dead on Arriva	Hospice Facility [     Other (Specify)	Decedent's Home	Nursing Home/Long-ter	m Care Facility	
Facility Name (If Not Institution, Give Street and Not NA HOSPICE CENTER)	umber)						
2. City Or Town, State, And Zip Code			13. County Of De	ath	14. Marital Sta	atus At Time Of Death	
ALPARAISO, IN, 46383			PORTER		☐ Married ☐ ☑ Widowed	Married, But Separated Divorce Never Married Divorce	
5. Surviving Spouse's Name		15a. (If Wife)Give Maid		16. Decedent's Usual	Occupation	17. Kind Of Business/Industry	
·				SALES CLERK		RETAIL	
3. Residence - State	18a. County	-	18b. City Or Town				
IDIANA Bc. Street And Number	LAKE	<del></del>	HOBART	T-roy and		N	
				18d. Apt.	No. 18e. Zip		
17 HARRISON AVENUE	20. Decedent Of	Hispanic Occio	21. Deced	para Prop	46	342 ⊠ Yes □ No	
IGH SCHOOL GRADUATE OR GE	ED			ents race			
OMPLETED  Father's Name (First, Middle, Last)	NOT HISPA	AINIC	White 23. Mother's Name (First,	Middle, Last)	23a. i	Mother's Maiden Last Name	
ARRY ROBINSON			CLARA ROBINSO	<b>7N</b>		<b>U</b>	
Informant's Name	24a. Relation	nship To Decedent		eet And Number, City, State,	Zip Code)	<u>kses</u>	
ICHAEL PRITCHETT	SON		2107 FLEMMING	ROAD, VALPARA		_	
a. Method Of Disposition	25b. Place Of Disposition	25. Pla on (Name Of Cemetery, C	ace Of Disposition	ic. Location - City, Town, And	State	<b>F</b>	
Burial	nt		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Other (Specify):	LOWELL CEME	ETERY	LC	DWELL, IN			
	nd Complete Address Of Fi	uneral Facility	ument	15		27a. Funeral Home License Numb	
□ Yes ☑ No REES FU	UNERAL HOME, I	HOBART CHAPE	L, 600 W OLD RID	GE RD, HOBART,	IN 46342	FH83003069	
b. Signature Of Indiana Funeral Service Licensee: AMES J. KRAUSE, BY ELECTRON	NIC SIGNATURE	NO I U	FFICI	27c. License FD01006	Number (Ofticensee):	<u> </u>	
20. 0. 11. 5 . 7 . 0 . 0 . 0 . 0 . 0 .	This	Cause Of Death (Se	e Instructions And Exam	onerry or		Approximate Interval: Onset	
<ol> <li>Part I, Enter The Unain Of Events → Diseases.</li> </ol>	Injuries, Or Complication	ns - I nar Directiv I ausec		Terrinal Everits			
Buch As Cardiac Arrest, Respiratory Arrest, Or Ve	entricular Fibrillation Withou	out Showing The Etiology	<ul> <li>Do Not Abbreviate, Enter</li> </ul>	Only One Cause On		To Death	
Such As Cardiac Arrest, Respiratory Arrest, Or Ve A Line. Add Additinal Lines If Necessary.	entricular Fibrillation Without	out Showing The Etiology	Ounty Rec	corder!			
Such As Cardiac Arrest, Respiratory Arrest, Or Ve A Line. Add Additinal Lines If Necessary. mmediate Cause (Final Disease Or Condition Re	entricular Fibrillation Without Sulting In Death)	put Showing The Etiology  A. LUNG CA	Ounty Rec	(Or As A Consequence Of):		To Death  6-12 MONTHS	
such As Cardiac Arrest, Respiratory Arrest, Or Ve Line. Add Additinal Lines If Necessary. mmediate Cause (Final Disease Or Condition Re- sequentially List Conditions, If Any, Leading To T ine A. Enter The Underlying Cause (Disease Or	entricular Fibrillation With sulting In Death)	Dut Showing The Etiology A. LUNG CA B. COPD	Ouncy Rec	corder!		To Death  6-12 MONTHS	
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iuch As Cardiac Arrest, Respiratory Arrest, Or Ve Line. Add Additinal Lines If Necessary. mmediate Cause (Final Disease Or Condition Res sequentially List Conditions, If Any, Leading To T ine A. Enter The Underlying Cause (Disease Or the Events Resulting In Death) Last	sulting In Death)  the Cause Listed On Injury That Initiated	A. LUNG CA  8. COPD  C. D. The triverily of Cause Given	Due to	(Or As A Consequence Of):  Was An Autopsy Performed?	□ Yes	To Death  6-12 MONTHS  70 YEARS  No	
uch As Cardiac Arrest, Respiratory Arrest, Or Ve. Line. Add Additinal Lines If Necessary.  mmediate Cause (Final Disease Or Condition Research Lines) and Cause (Final Disease Or Condition Research Lines).  In Enter The Underlying Cause (Disease Or the Events Resulting In Death) Last  It II. Enter Other Significant Conditions Contributing to Did Tobacoo Use Contribute To Death?	sulting In Death)  the Cause Listed On Injury That Initiated	A. LUNG CA  8. COPD  C. D. The triverily of Cause Given	Due to	(Or As A Consequence Of):  Was An Autopsy Performed?	□ Yes	To Death  6-12 MONTHS  70 YEARS  No	
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Acine. Add Additional Lines If Necessary.  mmediate Cause (Final Disease Or Condition Research and Additional Lines If Necessary.  mmediate Cause (Final Disease Or Condition Research and Cause (Final Disease Or Condition Research and Cause (Disease Or Che A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last  In II. Enter Other Significant Conditions Contributing to Did Tobacoo Use Contribute To Death?  Yes Probably No Unknown  Date Of Injury (Month/Day/Year)  Location Of Injury - State  Describe How Injury Occurred  Signature, Of Person Certifying Cause Of Death:  ARK OREN CARTER, BY ELECTE  Name, Address And Zip Code Of Person Certifying Cause Of Death:  ARK OREN CARTER, 164 BRACH  Additional Funeral Service Provider.	ntricular Fibrillation With sulting In Death)  the Cause Listed On Injury That Initiated  Qeath But Not Resulting In  122 If Female:   Not Pregnant Within Past Year   Not Pregnant 63 135. Time Of Injury  138a. City Or Town  RONIC SIGNATUL Cause Of Death:  KEN PKWY, HOB	A. LUNG CA  B. COPD  C.  D.  The tribing Pause Grown Time to ben't 1 and the company To 1 and	Due to  Due to	(Or As A Consequence Of):  (Or As A Consequence	ble To Complete The Conner Of Death ral	To Death    Comparison of the property of the	
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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.