• ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refuşal.

June 19, 2000

	0-0434		CENTIFICAT	TE OF DEATI	_	State N	0	
CITINATIO					•		• • • • • • • • • • • • • • • • • • • •	
SUBMIT		SERIES ARE CONFIDENTIAL PI	ER IC 16-1-19-3					
PE/PRINT	1 DECEASED—NAME (First			2 SEX		3a TIME OF DEATH	36 DATE OF DEAT	H (Month Day Yr.)
IN	Dorothy M.				nale	12:30 R	June 19	
RMANENT		(Years)	5b UNDER 1 YEAR Months Days	5c UNDER I DAY 6	DATE OF BIRTH	(Mo. Day, Yr) 7	BIRTHPLACE (City a	nd State or Foreign Country)
ACK INK	412-90-5120	49	Months Days	Hours Minutes	May 31	, 1951	Clevelan	d, Ohio
	8a WAS DECEDENT 8b YEAR LAST SERVED IN U.S. ARMED FORCES?				PLACE OF DEATH (Check only one Se		ee instructions)	
	No NA		HOSPITAL Inpatient		OTHER    Nursing Home		Other (Species -	
	9b FACILITY NAME (If not institution, give street and number)		ER/Outpatient DOA		PWN OR LOCATION OF DEATH		<b>—</b>	
DECEDENT	1723 Central Drive						96 COUNTY OF DEATH	
	10 MARITAL STATUS		Gar				Lake	
	(Specify) (If wife, give maiden in				AL OCCUPATION (Give kind of work working life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY	
	Married	Carl Taylor	<del></del>	House Wi	· · · · · · · · · · · · · · · · · · ·		Own <b>co</b> me	
	13. RESIDENCE—STATE	13b. COUNTY	13c CITY, TOWN, OR L	OCATION	13d STREET AND NUM		BER	
	Indiana	Lake	Gary				tral Dilve	2_
	13e ZIP CODE 13f. INSIDE CI	TY LIMITS 14 CITIZEN OF LANGUAGE WHAT COUNTRY	15. WAS DECEDENT O	OF HISPANIC ORIGIN? es (If yes, specify Cubar	16. RACE—A	merican Indian.		NT'S EDUCATION
	13g ON A FAI	RM?	Mexican, Puerto Ric		(Specify)		ementary/Secondary (0	ghest grade completed) -12) College (1-4 or 5 + )
	46407 X No 1				Bla		10 / Ch	Conege (1-4 or 5 + )
ARENTS	18 FATHER'S NAME (First, Middle			19. MOTH		t Middle, Maiden Surna		
	Tommie Johnson Fannie Mae (Unavailable)							
NFORMANT	20s. INFORMANT'S NAME (Type/Print)  20b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip Code)  20c. Reletionship							
	Carl Taylor		1	entral Driv				r
	21a METHOD OF DISPOSITION	☐ Entombment	21b. DATE AND PLACE	OF DISPOSITION (Name of	cametery crame		LOCATION OF T	Husband
	₩ Burial Cremation	☐ Removal from State	other place) J	une 24, 200	0	216.	E ATION BY OF	own, State
	☐ Donetion ☐ Other (Speci		Fern Oak	Cemetery			Griff th,	
OSITION	22s EMBALMER'S NAME		226 EMBALMER'S	mont 1	20 344			<del></del>
	Sherman Banks	- 111				No X Yes	TO CORONER?	
	24e SIGNATURE OF FUNERAL DI		FD0101	0254 CENSE NUMBER		( )	<u> </u>	C) 32:
#	112	Phi D	(ol	f Licensee)	Smith	Bizzell &	Tarre West	wherel Home
ī				707076061				
	XIMPMAN	c/Jon forts	ocument.	D01016254				diana 46408
_  2		es, injuries, or complications that cau	and the death Do not enter	DO1016254			Gary, In	diana 46408
\  *		es, injuries, or complications that cause on heart failure. List only one cause on	and the death Do not enter	nonspecific terms, such as o			Gary, In	diana 46408  Approximate Interval Between
l n	arrest, shock, or	heart failure. List only one cause on	sed the death Do not enter each line.	r nonspecific terms, such as o	4209 G		Gary In	Approximate Interval Between
#	arrest, shock, or	heart failure. List only one cause on  a. Pulmonary	sed the death Do not enter each line.	r nonspecific terms, such as co	4209 G		Gary In	diana 46408  Approximate Interval Between
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