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SBH08-004

State Form 10110 (R2/3-89)

INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

91-017687

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-4- NI-	,

1. DECEASED—NAME (First, M				2. SEX		3a. TIME OF DEATH	3b. DATE	OF DEATH (Mor	nch, Day, Yr.)
JEFFERY	S.	CHIRILA		Male		8:37 P M		16, 1	
	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1	Marray					te or Foreign Coun
a. Wite property	27			Aug		30, 1963		y, Ind	iana
8a WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL: Inpe	tient			TH (Check only one. Nursing Home [
Yes	1983		Outpatient D			Residence	- Other toped	any)	
9b. FACILITY NAME (If not institu	All the contract of the first own of				OR LOCA	TION OF DEATH	9d. COUN	NTY OF DEATH	
Methodist Hos	spital Northlak	e Campus	- 1	Gar	_		La	ke	
10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT	T'S USUAL OCC	UPATION	(Give kind of work t use retired)	12b. KIND C	OF BUSINESS/I	NDUSTRY
Never Married	None	Fork		Truck Opera				ndiana Sugars	
13a RESIDENCE—STATE Indiana	13b. COUNTY	13c. CITY, TOWN, OR	THE TOURSE STATE		130	STREET AND NUM	WALL OF	1000	
13e. ZIP CODE 13f. INSIDE CI	Lake	Hobat		BIGINS 1	A PACE	3109 Wes		e Road	EDUCATION
46342 No 1		7 B∑No □	Yes (If yes, sp	pecify Cuban,	Black, V	White, etc.			grade completed)
13g. ON A FAR	U.S.A.	Mexican, Puerto	Rican, etc.)		(Specif	nite	Elementary/Sec	condary (0-12)	College (1-4 or
ZX No I	☐ Yes								
18. FATHER'S NAME (First Middle John Chirila	le, Lasti					rst Middle, Maiden Su Calcenski	rneme)		
20s. INFORMANT'S NAME (Type	n/Print)	20b. MAII IN	G ADDRESS (Stra			ite Number, City or To	own State Zin i	Code) 200	Relationship
John Chirila	•					ert, Ind	Action of the Control	1	Father
21a METHOD OF DISPOSITION	☐ Entombment	21b. DATE AND PLACE	-					—City or Town	
☐ Burial 🖾 Cremation	☐ Removal from State	other place May	20, 19	91					
☐ Donation ☐ Other (Spec	cify)		ary Cre				Porta	ge, Ind	liana
228. EMBALMER'S NAME:		22b. EMBALMER	S LICENSE NO.			AS DEATH REPORT	D TO CORON	IER?	
James W. Ghol	ston	FD01	.004194			□ No 🚨 Yes			
248. SIGNATURE OF FUNERAL D	DIRECTOR -	245	LICENSE NUMBE	B 25	NIANE A		OF NUMBER O		01.40
	520.0	240.				DDRESS, AND LICEN			7 DV OVER THE COURSE OF THE COURSE OF
	ees injuries, or complications that ce of heart failure. List only one cause or Blunt for	used the death. Do not en each line.	(of Ucensee) DO10064 Inter nonspecific te	rms, such as card	Rees 500 W	Funeral - Ridge -	Homes :	Inc.	FH830030 IN 4634 Approxima Interval Be Onset and
26. PART I. Enter the disearrest, shock, of IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause,	Blunt for DUE TO (C. Hemoper)	used the death. Do not en each line. Orce traum OR AS A CONSEQUEN Of liver OR AS A CONSEQUEN Itoneum	(of Licensee) DO10064 Inter nonspecific te na with CE OF): and rig CE OF):	rms, such as care	Rees 500 W	Funeral - Ridge -	Homes :	Inc.	FH830030 IN 4634 Approximat Interval Bet Onset and
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