STATE: The Social Security # is by this state agency in order to cory responsibility. Disclosure is are will be no penalty for refusal.

## INDIANA STATE DEPARTMENT OF HEALTH

042857

**CERTIFICATE OF DEATH** 

State	NI-
31210	NO

1. DECEASED NAME (		l)			2. SEX		3a. TIME OF DEAT	the state of the state of	TE OF DEATH (Mon	
Thomas E.		a. AGE Last Birthday	5b. UNDER 1 YEAR	Sc. UNDE		Male	4:45A	M Dec	cember 1	4, 2006 to or Foreign Countr
Ba. WAS DECEDENT	I as VEA	(Yeore) 79	Months Days	Hours	Minutos	May 8	, 1927 EATH (Check only or	Hamn	nond, IN	
A U.S. VETERAN?		ARMED FORCES?	HGSPITAL: Inpo	tiont	90.	OTHER:				10011 - 100
Yes		1946	□ ER/	Outpatient	DOA		XX Residence	1.100	•	
b. FACILITY NAME (If not					9c. CITY, TO	OWN, OR LO	CATION OF DEATH	9d C0	OUNTY OF DEATH	
933 W. Gler						riffit			lake	
10. MARITAL STATUS (Specify) 11. SURVIVING SPOUS (Wille, give malden in Judy Lehma		/iving spouse is, give maiden name)		ENT'S USUAL OCCUPATION (Give kind of wo ing most of working life. Do not use retired) & Alcohol Counselo						
13g. RESIDENCE — STATE 13b. CO		•	13c. CITY TOWN OR	36. CITY, TOWN, OR LOCATION			COUNSELOR 3d. STREET AND N		Counseling	
IN		ake		ffith			933 W. G	SWEETING.	rk Ave	
	DE CITY LIMITS	14. CITIZEN OF	15. WAS DECEDENT	OF HISPANIC			-American Indian,		17. DECEDENT'S	
12- 01	No X Yes	WHAT COUNTRY?	Mexican, Puerto		specify Cubs	n, Black,	White, etc.		Specify only highest (Secondary (0-12)	Grade completed) College (1-4 or 5
46319	No Yes	USA				V	Mhite	Cidinonary	occontain y (o 12)	1
. FATHER'S NAME (First	, Middle, Last)				19. MOTH	ER'S NAME (	First, Middle, Malden	Surname)		1
Thomas E. C						Mari	e Levan			
Joyce Kliss				Morair			oute Number, City o		100	Relationship
1a. METHOD OF DISPOSI		mbmont	21b. DATE AND PLACE						DN—City or Town,	aughter
Burlel Crem		oval from State	other place)	Decemb			W-00840000	z iu. LUCATIL	or lown,	outu
Donation Dother			Chapel La					Scher	erville,	IN
20. EMBALMER'S NAME:			22b. EMBALMER'		23. WAS DEATH REPO					
	John T, Noble			31			□ No □ Yo	16		
									And the second second second second	ME
48. SIGNATURE OF FUNE	RAL DIRECTOR	2 4		LICENSE NUMBI	ER		ADDRESS, AND LICE			
B. PART I. Enter the	o diseeses, injurise	or complications that ca	used the death. Do not e	(of Licenses) 900031		Burns 8415	-Kish Fu Calumet	neral	Home#300	04968 321 Approximate
B. PART I. Enter the arrest, at access or condition cutting in death) conditions, if any, which gave so to the immediate cause, sting the undorlying	o disessos, injurios hock, or heart failu	DUE TO (O	used the death. Do not e	(of Licensee) 9000031  Inter nonspecific CE OF):	terma <sub>p</sub> such a	Burns 8415	-Kish Fu Calumet	neral	Home#300	04968 0321 Approximate Interval Betwe
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