

INDIANA DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.										Sta	ite No			
Decedent's Legal Name (First, Middle,		1a. Maiden Last Name (If Female)				2. Sex 3. Time					of Death (Month/Day			
F. Social Security Number - Sc. Age	Vro 6h	Under 1 Year	6c. Under 1 Month	6d. Under 1 Da	6e. Unde	r 1 Hour	7 Data a	f Dirth (Ma	onth/Day/Yea	nr) (Pirthplace (Cit	v and State	or Foreign Country)	
Social Security Number 6a. Age	-			ou. Onder 1 Da		i i i ioui	7. Date 0	ii Biitii (ivio	лии/ Бау/ теа	11)	o. Birtiipiace (Cit	y and State	or Foreign Country)	
	Mo	nths	Days	Hours	Minutes									
Ever in U.S. Armed Forces? 1	10a. If D	10a. If Death Occurred Somewhere Other Than a Hospital:												
☐ Yes ☐ No Unknown ☐ [☐ Hosp	☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)												
11. Facility Name (If Not Institution, Give	Street and Nu	mber)												
12. City or Town, State, and ZIP Code					1	13. County of De	eath			1 1	14. Marital Statu	s at Time of	f Death	
,,,						,							t Separated Divor	cod
													rried 🔲 Unknown	,eu
15. Surviving Spouse's Name			15a. (If Wife) G	Give Maiden Last Na	me	16. Deceder	nt's Usual Oc	cupation			17. Kind of B	usiness/Inc	dustry	
		1 40				0								
18. Residence – State		18a.	County		18b.	City or Town								
18c. Street and Number		· ·							18d. Apt. N	lo.	18e. ZIP	Code	18f. Inside C	ity Limits?
													□Yes □	No
10.5		1.				1								
19. Decedent's Education		2	20. Decedent of Hispan	nic Origin		21. Dece	edent's Race							
22. Father's Name (First, Middle, Last)		I			23. Moth	ner's Name (First	t, Middle, Las	st)			23a.	Mother's M	laiden Last Name	
24. Informant's Name			24a. Relationship to	o Decedent	24b. Ma	iling Address (St	reet and Nun	nber, City,	State, ZIP C	ode)				
				25.	Place of Dis	sposition								
25a. Method of Disposition:		25b. Place o	of Disposition (Name of	Cemetery, Cremato	ry, Other Plac	e) 2	25c. Location	n – City, To	own, and Sta	te				
☐ Burial ☐ Cremation ☐ Donation ☐														
☐ Removal from State ☐ Other (Special 26. Was Coroner Contacted?	•	and Campleta Ada	dress of Funeral Facility									270 5	uneral Home License	Number
	ZI. Name	and Complete Add	uress or Furieral Facility	y								21a. F	uneral Home License	Number
Yes No														
27b. Signature of Indiana Funeral Service	e Licensee							27c	. License N	umber (of	Licensee)	L		
27b. Signature of Indiana Funeral Service	e Licensee							27c	. License N	umber (of	Licensee)	1		
27b. Signature of Indiana Funeral Service	e Licensee			01 11 10					:. License N	umber (of	Licensee)	•		
				Of Death (S				ples)		umber (of	Licensee)	•	Approxi	mata
27b. Signature of Indiana Funeral Service 28. Part I. Enter the Chain of Evel cardiac arrest, respiratory arrest, o	<u>nts</u> —diseas		complications—that	t directly caused	the death. D	o NOT enter	Terminal E	ples)	ch as	umber (of	Licensee)		Approxi Interval	imate : Onset
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