refusal.*	7-1720-07	INDIANA S	ERTIFICA				LTH State No.		45272	
TYPE/PRINT		SERIES ARE CONFIDENTIAL PER IC 16-1, 16-3 (First, Middle, Leak) 2. SEX 3a. TIME OF DEATH 3b. DATE OF DEATH (Month, Day, Yr.								
IN PERMANENT	Helen Ire	Fema 56, UNDER 1 YEAR 5c, UNDER 1 DAY 6.						December 22, 2007 RTHPLACE (City and State or Forgolgn Country)		
BLACK INK	8a. WAS DECEDENT	5a. AGE - Last Birthday (Years) 85	Months Days	Hours	Minutes	January 2		Arcadia	, Indiana	
	A US VETERAN?	8b. YEAR LAST SERVED IN US ARMED FORCES? N/A	HOSPITAL: In	patient				Other (Specify)		
DECEDENT	9b. FACILITY NAME (If not instituted in the second of the	90. CITY, TOW Vevay				N OR LOCATION OF DEATH But COUNTY OF DEATH Switzerland				
	10. MARITAL STATUS (Specify) Widowed 11. SURVIVING SPOUSE (if wife, give masser anne)		12a. DECEDENT'S USUAL O done during most of wo Custom			occupation (evorking life. Do not Curtain N	ccupation (Give kind of work 12b. K rking life. Do not use retired) Curtain Maker		kind of Business/Industry L.S. Ayres	
	13a. RESIDENCE STATE Indiana	13b. COUNTY Switzerland	13c. CITY, TOWN OR			13d.	STREET AND NUMB			
	13e. ZIP CODE 13f. INSIDE CIT	Y LIMITS 14. CITIZEN OF WHAT	Vevay	OF HISPANIC ORIG	3IN?	16. RACE (7 Whitewate: American Indian, White etc.	17.	DECEDENT'S EDUCATION	
	472043 136 ON A FAR	M? TICA		arto Rican, etc.)	pocity, Cuba	Whi	ectly)	Elementary/Secon	A STATE OF THE PARTY OF THE PAR	
	18. FATHER'S NAME (First, Midd	4 TES	1			19. MOTHER'S	NAME (First, Middle, I		0	
PARENTS	Arthur Foulke Iva Inez Everman Foulke									
INFORMANT	Darlena Gayle Jewell Stewart 17 Whitewater Camp Road, Vevay, Indiana 47043 daughter									
	21a. METHOD OF DISPOSITION Burial Cremation Donation Other (Spec	☐ Entombrent ☐ Removal from State	other place) Manville	December		and the second of			ndiana 47250	
	22a. EMBALMER'S NAME 22b. EMBALMER'S LICENSE NO. 23. WAS DEATH REPORTED TO CORONER									
DISPOSITION	10020200000				IBER (c/ 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME					
	Chants		24b. LICENSE NUMBER (of Licensee) FD08600513			Morgan & Nay Funeral Centre Lic. #FH19700018 325 Demarce Drive, Madison, Indiana, 47250				
	20. PART I Enter the diseases, withrities or complicatins that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest disease, or front folium. List only one cause on each line. Approximate interval Behave									
	IMMEDIATE CAUSE (Final cause or code)aid in resulting in death) Conditions, if any, which gave rise to the immediate course satisfig the underlying cause last.	b		A CONSEQUENCE	OF):	'a y u	rinary ti	set înfe		
	PART II Other elgnificant condition	PREGN		7. WAS DEC PREGNA POSTPA (Yes o	NT OR 90 DAYS PERFO		RMED?	28b. WERE AUTOPSY RESULTS AVAILABLE PRIOR TO COMPLETION OF CAUSE O DEATH? (Yos or No)		
	NO NO									
	2ea CENTIFIER (Check only only) GENTIFYING PINSICIAN To the beat of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.									
CERTIFIER	1/2/2011/1/2011/1/2011/2011/2011/2011/2						. DATE SIGNED (Month, Day, You			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (TypodPrint) Robert Ellis, MD 630 North Broadway Street Madison, IN 47250									
HEALTH OFFICER	31. HEALTH OFFICER'S SIGNAPORT TO DOY, YOUR SIGNAPORT SI									
	33. MANNER OF DEATH	34u. DATE OF INJURY (Morth, Day, Yea	346 TIME OF	34g INJ	URY AT WO	FRK 34	4d DESCRIBE HOW	NJURY OCCURED		
	Natural Pending Investigate Accident Suicide Could not Doterminer	34e. PLACE OF INJUR building, etc (Sp	(Y - At horne, farm street early)	t, Inctory, office	NO	341 LOCATION	N (Street andf Number	or Rural Route Num	nber. City or Town and State)	
	340 DATE PRONOUNCED DEAD December 2		MOTOR VEHICLE ACCIE	DENT? (Yes, or No)	If yes, spec	fly driver, passons	ger, pedestrian, etc.			