\* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.\*

Local No.

## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No....

020515

TYPE/PRINT	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3  1. DECEASED - NAME (First, Middle, Last)						2. SEX			3a. TIME OF DEATH		3b. DATE OF DEATH (Month, Day, Yr.)		
IN	Hildreth L.			Foulke		Female				June 11, 2000				
PERMANENT BLACK INK	4. SOCIAL SECURITY NUMBER		BER 5	Sa. AGE - Last Birthday	56. UNDER 1	<del></del>	<del></del>		DATE OF BIRTH (Mo., Day, Yr.)		7. BIRTHPLACE (City and State or Foreign Country)			
				(Yeers) 92.	Months	Days Hours	Minutes		12,190			sville		
	/ BI (T) '(T) (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			R LAST SERVED IN		PLACE OF DEATH (Check only one See instructions)								
				N/A	HOSPITAL: Inpetient			2	OTHER Nursing Home Other (Specify)					
	96. FACILITY NAME (If not institution,			vo street and number		Pc. CITY, TOWN,			Residence OR LOCATION OF DEATH 9d.			DE COUNTY OF DEATH		
DECEDENT	Harbour Manor Care Center				Noble			Acui	sville H			Hamilton		
				IVING SPOUSE				ENT'S USUAL OCCUPATION		TION (Give kind of work		12b. KIND OF BUSINESSANDUSTRY		
			N/A	give maiden name)		Home		f working life	g We. Do not use retired.)		Own Home			
	The second secon		13b. COU	NTY	13c. CITY, TOY	VN OR LOCATION			13d. STREET AND NUMBE					
	Indiana Han			lton	Nobles	Noblesville				1667 Sherid		dan Road		
	13e. ZIP CODE 13f. INSIDE CITY   13g. No □ 13g. ON A FARM?		ACCOUNTESTATE (SECTION )	14. CITIZEN OF WHAT COUNTRY?	네 [[[[[[] [[] [] [] [] [] [] [] [] [] []	하나 하나 얼마나 아무리에서 나가 있다면 하나가 그리고 얼마나 하나 말라.	HISPANIC ORIGIN? Yes (If yes, specify Cuben,		16. RACE—American Indian, Black, White, etc.		17. DECEDENT'S EDUCATION (Specify only highest grade completed)			
			Yes			en, Puerto Rican, et			(Specify)			condary (0-12)	College (1-4 or 5+)	
				USA		,			White			12	N/A	
PARENTS	18. FATHER'S NA	ME (Paral Miledia, I		<u> </u>	1		19. MOTH	IER'S NAME		ddle, Maid	en Surname)			
	Omer 1	William	S				Gert	trude	Jenn	ings				
INFORMANT	20a. INFORMANT	'S NAME (Type/	Print)		206	MAILING ADDRES	3S (Street and Nur	nber or Rura	si Route Number	, City or Town	n, State, Zip Coo	20c. Re	lationship	
	NOLLIS FOULKE				the same of the sa	11385 191st Street, Noblesville, IN Son								
	21a. METHOD OF	DISPOSITION	☐ Enton	nbment	other place	PLACE OF DISPO		cemetevy, c	remetory, or	2	1c. LOCATION	- City or Town, Sta	ite	
						June 14, 2000								
						Oaklawn Memorial Garde					Fisher		ana	
DISPOSITION	22a. EMBALMER'S NAME					22b. EMBALMER'S LICENSE NO.			23. WAS DEATH REPORTED TO CO					
	Mark A. Roberts				FDOS	100588	1 N40CD	<del>-    </del>						
	24a. SIGNATURE OF FUNERAL DIRECTOR				(or 2.1001.1000)		20. 10	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME. Roberts FDH3005215 1150 Logan Street Nobles Ville, Indiana 46060						
	70%	2/1	Ko	Zhu 6	•			115	0 Loga	n Str	eet		H3005ZI5	
	28. PART I		s, injuries, o	r complications that cause List only one cause on e	ach line.	FDO102	2465 Ic terms, such as c	115 Nob	0 Loga lesvil	n Str	eet		Approximate Interval Between Onset and Death	
	IMMEDIATE CAUS	arrest, shock, or li SE (Final	s, injuries, o	List only one cause on e	ech line.	FDO102 not enter nonspecific	2465 Ic terms, such as c	115 Nob	0 Loga lesvil	n Str	eet		Approximate Interval Between	
		arrest, shock, or l SE (Final	s, injuries, o	List only one cause on e	ech line.	FDO102 not enter nonspecific	2465 Ic terms, such as c	115 Nob	0 Loga lesvil	n Str	eet		Approximate Interval Between	
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