

5. Social Security Number 310-32-2173		6a. Age - Yrs 89	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	6f. Under 1 Minute	7. Date of Birth (Month/Day/Year) 01/17/1935	8. Birthplace (City and State or Foreign Country) Seymour, Indiana
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) 924 N Park Street									
12. City Or Town, State, And Zip Code Seymour, Indiana 47274					13. County Of Death Jackson			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation Inspector		17. Kind Of Business/Industry Manufacturing	
18. Residence - State IN		18a. County Jackson		18b. City Or Town Seymour					
18c. Street And Number 924 N Park Street						18d. Apt. No.	18e. Zip Code 47274	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School graduate or GED completed			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) Charles Tidd				23. Parent's Name (First, Middle, Last) Avis Tidd			23a. Parent's Last Name Before First Marriage Anderson		
24. Informant's Name Lisa Campbell			24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 924 N Park Street, Seymour, IN, 47274				
25. Place Of Disposition									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)			25c. Location - City, Town, And State IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Voss Funeral & Cremation Services, Inc. 316 Chestnut Street, Seymour, Indiana, 47274					27a. Funeral Home License Number: FH12100011		
27b. Signature Of Indiana Funeral Service Licensee: <i>Eddy Ballard</i>					Electronically Signed		27c. License Number (Of Licensee): FD22300034		
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A. Acute renal failure due to dehydration							Approximate Interval: Onset To Death 1 week		
Due to (Or As A Consequence Of):									
B. _____									
Due to (Or As A Consequence Of):									
C. _____									
Due to (Or As A Consequence Of):									
D. _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
Dementia					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <i>Pamela Harting Snook-Tidd</i>					Electronically Signed		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Pamela Harting Snook-Tidd 2026 N Ewing Street, Seymour, IN 47274						44. License Number 01047138A		45. Date Certified 07/05/2024	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Christopher Patrick Bunce</i>					Electronically Signed		49. For Registrar Only - Date Filed (Month/Day/Year): 07/08/2024		

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)