

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2435-99

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Steven Hadt		2 SEX Male		3a TIME OF DEATH 12:00P		3b DATE OF DEATH (Month Day Year) October 23, 1999	
4 *SOCIAL SECURITY NUMBER 314-14-4349		5a AGE—Last Birthday (Years) 77		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) Nov. 11, 1921		7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana					
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Dyer Nursing & Rehabilitation				9c CITY TOWN OR LOCATION OF DEATH Dyer		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Geneva Pierson		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Yardmaster		12b KIND OF BUSINESS/INDUSTRY Railroad	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY TOWN OR LOCATION Griffith		13d STREET AND NUMBER 1906 N. Indiana St. CO	
13e ZIP CODE 46319		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16 RACE—American Indian, Black, White, etc. (Specify) White		17 DECEASED'S EDUCATION (Specify any highest grade completed) Elementary Secondary (10-12) <input type="checkbox"/> College (14 or 5+) 12					
18 FATHER'S NAME (First Middle Last) Andrew Hadt				19 MOTHER'S NAME (First Middle Maiden Surname) Suzi (unavailable)			
20a INFORMANT'S NAME (Type/Print) Geneva Hadt		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1906 N. Indiana, Griffith, Indiana 46319				20c Relationship Wife	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) October 27, 1999 Chapel Lawn Cemetery		21c LOCATION—City or Town, State Schererville, Indiana			
22a EMBALMERS NAME Ronald A. Reed		22b EMBALMERS LICENSE NO. FDO 1001081		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ronald A. Reed</i>		24b LICENSE NUMBER (of Licensee) FDO 1001081		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleiman Rd. Highland, Indiana 46322 FH 8307500			
26 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS if any which gave rise to the immediate cause stating the underlying cause next DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) <i>acute hypoxic encephalopathy</i> <i>acute renal failure</i> <i>concurrent heart failure</i> <i>Diabetes mellitus type II</i> FILED MAR 22 2000 PETER BENJAMIN LAKE COUNTY AUDITOR							
PART II: Other significant conditions. Conditions contributing to death but not previously stated in Part I. <i>untyle cerebral vascular accidents</i> 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no 28a WAS AN AUTOPSY PERFORMED? (Yes or no) no 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) no							
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the causes, as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes, as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes, and manner, as stated.							
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. 02001522		29d DATE SIGNED (Month Day Year) 10/28/99			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print) DAVID FREITAG 1573 N. CLAY, GRIFFITH, INDIANA 46319							
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>		32 DATE FILED (Month Day Year) November 29, 1999					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Foreign Inhabitant <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)		34c TIME OF INJURY		34d INJURY AT WORK? (Yes or no)	
34e PLACE OF INJURY—At home (room, street, factory, office, building, etc.) Specify.		34f LOCATION (Street and Number of Building or Place, City or Town, State) JAN 10 2000					
35 DATE PROHOUNCED DEAD (Month Day Year)		36 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian. <i>Alexander S. Williams MD</i> LAKE COUNTY HEALTH COMMISSIONER					