

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. 2878-99

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

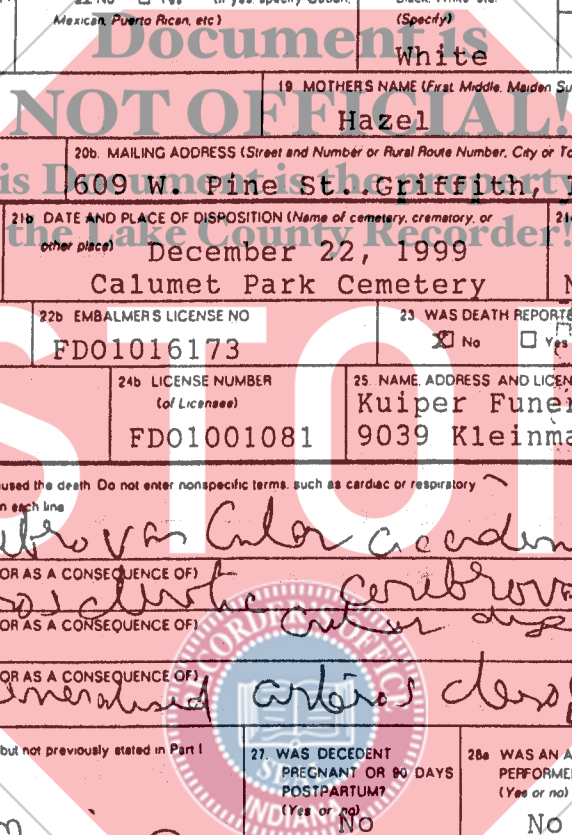
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

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

| | | | | | |
|---|--|---|---|---|----------------------------------|
| 1 DECEASED—NAME (First Middle Last) Bessie M. Baker | | 2 SEX Female | 3a TIME OF DEATH 3:45 P M | 3b DATE OF DEATH (Month Day, Yr) December 18, 1999 | |
| 4 *SOCIAL SECURITY NUMBER 307-30-6721 | 5a AGE—Last Birthday (Years) 87 | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo Day, Yr) Aug 17, 1912 | |
| 7 BIRTHPLACE (City and State or Foreign Country) San pierre, Indiana | 8a WAS DECEDENT A U.S. VETERAN? No | | | | |
| 8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A | 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) Colonial Nursing Home | | 9c CITY, TOWN OR LOCATION OF DEATH Crown Point | 9d COUNTY OF DEATH Lake | | |
| 10 MARITAL STATUS (Specify) Widowed | 11 SURVIVING SPOUSE (If wife, give maiden name) None | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cashier | | 12b KIND OF BUSINESS/INDUSTRY Retail Store | |
| 13a RESIDENCE—STATE Indiana | 13b COUNTY Lake | 13c CITY, TOWN OR LOCATION Griffith | 13d STREET AND NUMBER 614 N. Indiana St. | | |
| 13e ZIP CODE 46319 | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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 DECEDENT'S EDUCATION (Specify highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 0 | 18 FATHER'S NAME (First, Middle, Last) Charles Martin | | | | |
| 19 MOTHER'S NAME (First, Middle, Maiden Surname) Hazel | | 20a INFORMANT'S NAME (Type/Print) Donald Baker | | | |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 609 W. Pine St. Griffith, IN 46319 | | 20c Relationship Son | | | |
| 21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) December 22, 1999 Calumet Park Cemetery | | 21c LOCATION—City or Town, State Merrieville Indiana | |
| 22a EMBALMER'S NAME Edgar C. Gleim | | 22b EMBALMER'S LICENSE NO. FD01016173 | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward A. Reed</i> | | 24b LICENSE NUMBER (of Licensee) FD01001081 | 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home FH83007500 9039 Kleinman Rd. Highland, IN | | |
| 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) a. cerebrovascular accident DUE TO (OR AS A CONSEQUENCE OF) b. arteriosclerotic cerebrovascular disease DUE TO (OR AS A CONSEQUENCE OF) c. arteriosclerotic cerebrovascular disease DUE TO (OR AS A CONSEQUENCE OF) d. arteriosclerotic cerebrovascular disease CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last. arteriosclerotic cerebrovascular disease | | | | | |
| PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Dehydrated Malnutrition | | | | | |
| 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) N/A | | |
| 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 cause(s) 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 cause(s) 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 cause(s) and manner as stated. | | | | | |
| 29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | | 29c MEDICAL LICENSE NO. IN25043 | 29d DATE SIGNED (Month Day, Yr) 12/20/99 | | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) KRISTIAN T. PUTTING, 8300 BROADWAY, Merrieville, IN 46340 | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i> | | | 32 DATE FILED (Month, Day, Year) December 20, 1999 | | |
| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 34a DATE OF INJURY (Month Day, Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
| 34e PLACE OF INJURY—At home farm street factory office building etc. (Specify) | | 34f LOCATION (City, Town, State) Merrieville, IN | | | |
| 34g DATE PRONOUNCED DEAD (Month Day, Year) DEC 20 1999 | | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc. | | | |



52-851-92 #7

FILED

PETER BENJAMIN LAKE COUNTY AUDITOR