

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0611-00

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) ELMER E. HATMAKER, SR.		2. SEX Male	3a. TIME OF DEATH 2:28PM	3b. DATE OF DEATH (Month Day Yr) March 6, 2000
4. SOCIAL SECURITY NUMBER 304-34-2827	5a. AGE - Last Birthday (Years) 2002	5b. UNDER 1 YEAR 037598	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) 1983 APR 22 PM 12:22
7. BIRTHPLACE (City and State or Foreign Country) CAMPBELL CO., TN	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1963	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____	
9b. FACILITY NAME (If not institution, give street and number) ST. ANTHONY HOSPITAL		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) L.T.V. STEEL		12b. KIND OF BUSINESS INDUSTRY WELDER 84" HOT STRIP
13a. RESIDENCE - STATE IN	13b. COUNTY LAKE	13c. CITY TOWN OR LOCATION GRIFFITH		13d. STREET AND NUMBER 406 W. AVENUE H.
13e. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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 only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> 8 College (14 or 5+)		18. FATHER'S NAME (First, Middle, Last) WALTER G. HATMAKER		
19. MOTHER'S NAME (First, Middle, Maiden Surname) BERTHA L. STOOKSBURY		20a. INFORMANT'S NAME (Type/Print) LINDA L. LUSBY		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 532 BIRCH STREET N.W., DEMOTTE, IN 46310		20c. Relationship Daughter		
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) March 11, 2000 CALUMET PARK CEMETERY		21c. LOCATION - City or Town State MERRILLVILLE, IN
22a. EMBALMER'S NAME C. WILLIAM MCCOY		22b. EMBALMER'S LICENSE NO. FDO1013612		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FDO1013507		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83002801 BOCKEN FUNERAL HOME, INC. 7042 KENNEDY AVENUE, HAMMOND, IN 46323
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) Conditions if any which gave rise to the immediate cause stating the underlying cause last		a. <i>Stroke</i> DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death <i>1 WEEK</i>
b. _____ DUE TO (OR AS A CONSEQUENCE OF)		c. _____ DUE TO (OR AS A CONSEQUENCE OF)		
d. _____ DUE TO (OR AS A CONSEQUENCE OF)				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>NIDDU</i> <i>CALDID myopathy</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 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> FILED		
29c. MEDICAL LICENSE NO. 19528		29d. DATE SIGNED (Month Day Year) Mar. 7, 2000		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) B.F. CARPENTER, M.D., 123 N. COURT STREET, CROWN POINT, IN 46301				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month Day Year) March 9, 2000		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. DESCRIBE HOW INJURY OCCURRED <i>REVER BENJAMIN LAKE COUNTY AUDITOR</i> THIS CERTIFIES THE ABOVE IS A TRUE & COMPLETE COPY OF THE CERTIFIED DEATH ON FILE WITH THE CITY OF LAKE COUNTY HEALTH DEPT.
34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <i>001619</i> MAR 13 2000 <i>9-11-00</i>		

Gerald Gray 62 West Lake Griffith, LAKE COUNTY HEALTH COMMISSIONER