

* 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.

10CC INDIANA STATE DEPARTMENT OF HEALTH

TRUE COPY OF RECORD OF REGISTRATION ON FILE AT LA PORTE COUNTY HEALTH DEPARTMENT

Local No. MC 362-03

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

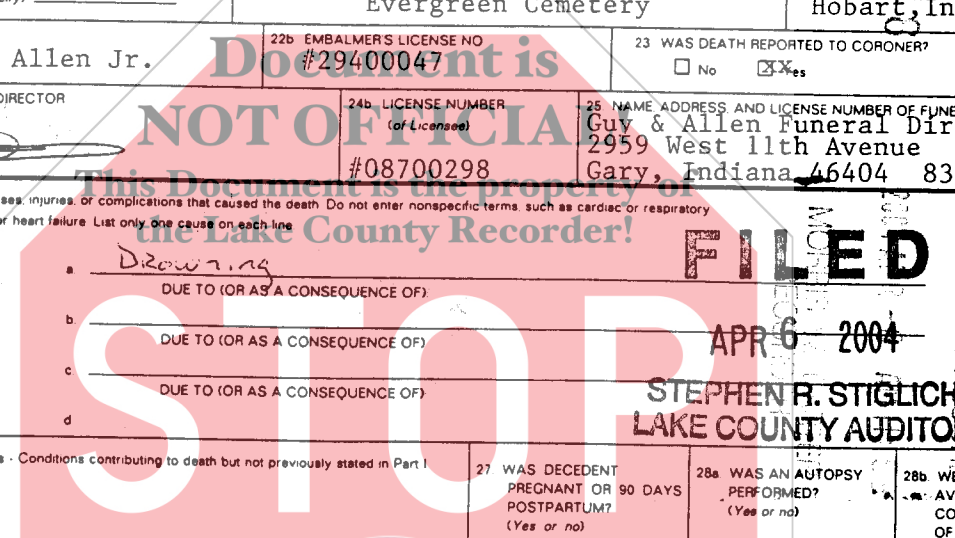
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Robert Lee Chambers Jr.		2 SEX Male		3a TIME OF DEATH 7:10 P M		3b DATE OF DEATH (Month, Day, Yr.) August 15, 2003	
4 *SOCIAL SECURITY NUMBER 312-94-2384		5a AGE—Last Birthday (Years) 32		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr.) September 13, 1970		7 BIRTHPLACE (City and State or Foreign Country) Gary, 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 checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) LaPorte Hospital			9c CITY, TOWN OR LOCATION OF DEATH LaPorte			9d COUNTY OF DEATH LaPorte	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Loreathia Martin		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Assembler		12b KIND OF BUSINESS/INDUSTRY Ford Motor Company	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Hammond		13d STREET AND NUMBER 907 175th Street	
13e ZIP CODE 46324		13f INSIDE CITY LIMITS <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) Black		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5+) 0					
18 FATHER'S NAME (First, Middle, Last) Robert Lee Chambers Sr.				19 MOTHER'S NAME (First, Middle, Maiden Surname) Remona Hutcherson			
20a INFORMANT'S NAME (Type/Print) Loreathia Chambers				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 907 175th Street Hammond, Indiana 46324			20c Relationship Wife
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) August 21, 2003 Evergreen Cemetery			21c LOCATION—City or Town, State Hobart, Indiana		
22a EMBALMER'S NAME Rosenwald D. Allen Jr.		22b EMBALMER'S LICENSE NO. #29400047		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR		24b LICENSE NUMBER (of Licensee) #08700298		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704			
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 <u>Drowning</u> 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 Other significant conditions - Conditions contributing to death but not previously stated in Part 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)			
29a CERTIFIER (Check only one) <input 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 checked="" 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 [Signature] Deputy Coroner				29c MEDICAL LICENSE NO.		29d DATE SIGNED (Month, Day, Year) 8/22/2003	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Gary W Brown JR 3723 Franklin St Michigan City IN 46360							
31 HEALTH OFFICER'S SIGNATURE [Signature]						32 DATE FILED (Month, Day, Year) 8-26-2003	
33 MANNER OF DEATH <input checked="" 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) 8/16/2003		34b TIME OF INJURY 1800		34c INJURY AT WORK? (Yes or no) NO	
		34d DESCRIBE HOW INJURY OCCURRED Swimming Accident					
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) PINE LAKE				34f LOCATION (Street and Number of Rural Route Number, City or Town, State) Near 367 oak Dr. LaPorte IN 46353			
34g DATE PRONOUNCED DEAD (Month, Day, Year) 8/15/2003		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. NO					

AUG 26 2003 Key # 32-119-17, unit # 26 Calumet Highlands W 19.85 ft of lot 17a [22.55 ft of lot 18 Block 5



000532 900 Cash