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

Local No. 313-07

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED - NAME (First, Middle, Last)	JACK CARTER
2. SEX	Male
3a. TIME OF DEATH	1:11 AM
3b. DATE OF DEATH (Month, Day, Yr.)	February 7, 2007
4. *SOCIAL SECURITY NUMBER	339-32-3976
5a. AGE - Last Birthday (Years)	65
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo., Day, Yr.)	August 29, 1941
7. BIRTHPLACE (City and State or Foreign Country)	Dayton Ohio
8a. WAS DECEDENT A U.S. VETERAN?	No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	
PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	The Community Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH	Munster
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Linda Hicks
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	Electrical Business
12b. KIND OF BUSINESS/INDUSTRY	Owner Operator
13a. RESIDENCE - STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN OR LOCATION	Lowell
13d. STREET AND NUMBER	5109 W. 154th Ave.
13e. ZIP CODE	46356
13f. INSIDE CITY LIMITS	[ ] No [X] Yes
13g. ON A FARM?	[X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?	[X] No [ ] 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): 11; College (1-4 or 5+):

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Hewlett Carter
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Carolyn Coultier

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Linda Carter
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	5109 W. 154th Ave. Lowell, Indiana 46356
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	[ ] Burial [X] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	February 9, 2007 Calumet Park Cemetery-Crematory
21c. LOCATION - City or Town, State	2305 West 73rd St. Merrillville, Indiana 46410
22a. EMBALMER'S NAME	N/A, .
22b. EMBALMER'S LICENSE NO.	N/A
23. WAS DEATH REPORTED TO CORONER?	[X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD20200096
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Calumet Park Funeral Chapel FH10400032 7535 Taft St. Merrillville, Indiana 46410

CAUSE OF DEATH

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. Respitory arrest after extubation

DUE TO (OR AS A CONSEQUENCE OF):

b. Brain stem infarction

DUE TO (OR AS A CONSEQUENCE OF):

c. Cerebrallar edema

DUE TO (OR AS A CONSEQUENCE OF):

d. Removal of cerebrallar tumor

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

Approximate Interval Between Onset and Death

PART II Other significant conditions - Conditions contributing to death but not previously stated

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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

CERTIFIER

29a. CERTIFIER (Check only one)

[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

[ ] 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.

[ ] 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]

29c. MEDICAL LICENSE NO. 01060759A

29d. DATE SIGNED (Month, Day, Year) February 8, 2007

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Dr. Kevin Waldron M.D. 200 E. 89th Ave Suite 3A Merrillville, Indiana 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE [signature]

32. DATE FILED (Month, Day, Year) February 8, 2007

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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 (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. FEB 08 2007

2007 035182

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2007 MAY -7 AM 8:56

FILED MAY - 7 2007 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Parcel # 02-03-0195-0086

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