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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 0044-07

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

Stewart Title Services of Northwest Indiana The Pointe 5521 W. Lincoln Hwy. Crown Point, IN 46307

CERTIFIER

HEALTH OFFICER

Form with fields for: 1. DECEASED-NAME (Robert E. Hutton), 2. SEX (M), 3a. TIME OF DEATH (6:35 A M), 3b. DATE OF DEATH (January 8, 2007), 4. SOCIAL SECURITY NUMBER (308/14/4821), 5a. AGE (84), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (Nov. 9, 1922), 7. BIRTHPLACE (Hammond, In.), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (WW II), 9a. PLACE OF DEATH (Hospital: Inpatient), 9b. FACILITY NAME (St. Margaret/Mercy Health Care Cntr.), 9c. CITY, TOWN, OR LOCATION OF DEATH (Dyer), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Margaret Pritsch), 12a. DECEDENT'S USUAL OCCUPATION (Engineer), 12b. KIND OF BUSINESS/INDUSTRY (Designer), 13a. RESIDENCE-STATE (In.), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Hammond), 13d. STREET AND NUMBER (6220 Moraine Ave.), 13e. ZIP CODE (46324), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (W), 17. DECEDENT'S EDUCATION (5+), 18. FATHER'S NAME (William Hutton), 19. MOTHER'S NAME (Gretchen Bauer), 20a. INFORMANT'S NAME (Margaret Hutton), 20b. MAILING ADDRESS (6220 Moraine Ave. Hammond, In. 46324), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (Jan. 11, 2007, Oak Hill Cemet.), 21c. LOCATION (Hammond, In.), 22a. EMBALMER'S NAME (C. Wm. McCoy), 22b. EMBALMER'S LICENSE NO. (1013612), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (C. Wm. McCoy), 24b. LICENSE NUMBER (1013612), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (McCoy Funeral Chapel, 5713 Hohman Ave. Hammond, In. 46320, 83002877), 26. PART I. IMMEDIATE CAUSE (respiratory failure, dysphagia, CVA, history of laryngeal CA), 26. PART II. Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (CERTIFYING PHYSICIAN), 29b. SIGNATURE AND TITLE OF CERTIFIER (A. Stemer M.D.), 29c. MEDICAL LICENSE NO. (01025591), 29d. DATE SIGNED (1-9-07), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Dr. Stemer 919 Main St. Dyer, In), 31. HEALTH OFFICER'S SIGNATURE (Susan W. Best), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY (MAY 17 2007), 34b. PLACE OF INJURY (At home), 34c. INJURY AT WORK? (No), 34d. DESCRIBE HOW INJURY OCCURRED (Stroke), 34g. DATE PRONOUNCED DEAD (MAY 17 2007), 34h. SIGNATURE OF HEALTH OFFICER (PEGGY HOLINGA-KATONA), 34i. COUNTY (LAKE COUNTY), 34j. NUMBER (006454)