

25-45-030-110

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No. FILED IN

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) Edna M. Baity		2. SEX Female		3a. TIME OF DEATH 6:45 A.M.		3b. DATE OF DEATH (Month, Day, Year) October 27, 2007	
4. *SOCIAL SECURITY NUMBER 313-36-9962		5a. AGE - Last Birthday (Years) 71		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) November 22, 1935		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 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) Miller Merry Manor				9c. CITY, TOWN, OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Clarence Baity Sr.		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Home	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 413 Calhoun Street	
13e. ZIP CODE 46406		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) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>					
18. FATHER'S NAME (First, Middle, Last) Dick Evans				19. MOTHER'S NAME (First, Middle, Maiden Surname) Jessie Mae Smith			
20a. INFORMANT'S NAME (Type/Print) Clarence Baity Sr.				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 413 Calhoun Street Gary, Indiana 46406		20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) November 2, 2007 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Carmelo</i>				24b. LICENSE NUMBER (of Licensee) 29700070		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, INC 2959 West 11th Avenue Gary, Indiana 46404 830Q7704	
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. <i>coronary artery disease</i> DUE TO (OR AS A CONSEQUENCE OF):							
b. <i>apix</i> 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.							
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 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. D10101624A	
29d. DATE SIGNED (Month, Day, Year) 11.2.2007							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jose Luis Agusti 400 Broadway, Gary, IN 46407							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But. D.O.</i>						32. DATE FILED (Month, Day, Year) November 13, 2007	
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) DEC 06 2007		34b. TIME OF INJURY 2:39 PM		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) PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR				34g. DATE PRONOUNCED DEAD (Month, Day, Year)			
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.							