

10-7-2 VCS



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 155408

State No.

1. Decedent's Legal Name (First, Middle, Last) THOMAS ELWOOD BAILEY				1a. Maiden Last Name (If Female)		2. Sex Male	3. Time Of Death 11:44 a.m.	4. Date Of Death (Month/Day/Year) April 22, 2008			
5. Social Security Number 225-34-1990		6a. Age - Yrs 77	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) July 6, 1930		8. Birthplace (City And State Or Foreign Country) Boissevain, Virginia		
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) 4110 Alabama St.											
12. City Or Town, State, And Zip Code Hobart IN Lake 46342					13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name Rosetta Bailey			15a. (If Wife) Give Maiden Last Name Lucas		16. Decedent's Usual Occupation Masonry Helper		17. Kind Of Business/Industry Steel				
18. Residence - State IN		18a. County Lake		18b. City Or Town Hobart		18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number 4110 Alabama St.		19. Decedent's Education 11		20. Decedent Of Hispanic Origin		21. Decedent's Race White		22. Father's Name (First, Middle, Last) Oscar Thomas Bailey			
22. Mother's Name (First, Middle, Last) Hallie Marie Bailey		23. Mother's Maiden Last Name Phipps		24. Informant's Name Rosetta Lucas		24a. Relationship To Decedent 219-942-3975		24b. Mailing Address (Street And Number, City, State, Zip Code) P.O. Box 113, Hobart, IN 46342			
25. Place Of Disposition Evergreen Memorial Park Hobart, IN 46342											
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)				25c. Location - City, Town, And State					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd., P.O. Box 488, Hobart, Indiana 46342					27a. Federal Home License Number: FH83003069				
27b. Signature Of Indiana Funeral Service Licensee: <i>James J. Krause</i>						27c. License Number (Of Licensee): FD01006463					
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Mesothelioma Due To (Or As A Consequence Of): Approximate Interval: Onset To Death: Months											
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code				
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): 11960					
41. Signature, Of Person Certifying Cause Of Death: <i>George Babchuk MD</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: George Babchuk MD, 1121 S. Indiana Avenue Crown Point, IN 46307						44. License Number 01031717		45. Date Certified 4/23/08			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): April 24, 2008 1100 CASH					