

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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 30.6907

CHICAGO TITLE INSURANCE COMPANY CINC 02008 3738

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) JAMES ADRIAN HOOVER				2 SEX MALE		3a TIME OF DEATH 2:31 A M		3b DATE OF DEATH (Month, Day, Yr.) DECEMBER 23, 2007					
4 *SOCIAL SECURITY NUMBER 2513		5a AGE—Last Birthday (Years) 64		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) MAY 20, 1943		7 BIRTHPLACE (City and State or Foreign Country) WHITING, INDIANA			
8a WAS DECEDENT A U.S. VETERAN? NO		8b YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input 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) 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) MARY ELLEN WASIELSKI			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) OPERATOR			12b KIND OF BUSINESS/INDUSTRY STEEL					
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN, OR LOCATION LOWELL			13d STREET AND NUMBER 1381 E. 221ST AVENUE						
13e ZIP CODE 46356		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) WHITE		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 4			
18 FATHER'S NAME (First, Middle, Last) CHARLES HOOVER						19 MOTHER'S NAME (First, Middle, Maiden Surname) RUBY STERGEN							
20a INFORMANT'S NAME (Type/Print) MARY ELLEN HOOVER				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1381 E. 221ST AVENUE, LOWELL, IN 46356				20c Relationship WIFE					
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) DECEMBER 26, 2007 COMMUNITY CREMATION SERVICE				21c LOCATION—City or Town, State SCHERERVILLE, INDIANA					
22a EMBALMER'S NAME NA				22b EMBALMER'S LICENSE NO. NA				23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony & Dziabowicz</i>				24b LICENSE NUMBER (of License) 01001447		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIABOWICZ 9445 CALUMET AVE, MUNCIE, IN 46321							
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) <i>Metastatic Lung & Biliary</i> THIS CERTIFIES THE ABOVE IS A COMPLETE COPY OF THE CERTIFICATE OF DEATH AS COMPLETED BY LAKE COUNTY HEALTH DEPARTMENT. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: <i>DECEASED DUE TO (OR AS A CONSEQUENCE OF)</i>										Approximate Interval Between Onset and Death			
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) 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>Mark A Feldner M.D.</i>						29c MEDICAL LICENSE NO. 01035622		29d DATE SIGNED (Month, Day, Year) DECEMBER 24, 2007					
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MARK FELDNER, M.D., 9660 WICKER AVENUE, ST. JOHN, INDIANA 46373													
31 HEALTH OFFICER'S SIGNATURE <i>Susan W Best DC</i>										32 DATE FILED (Month, Day, Year) December 26, 2007			
33 MANNER OF DEATH <input 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)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED SEP 22 2008 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR					
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				34g DATE PRONOUNCED DEAD (Month, Day, Year)								34h MOTOR VEHICLE ACCIDENT? (Specify driver, passenger, pedestrian, etc.) 016000	

DECEDENT

PARENTS INFORMANT

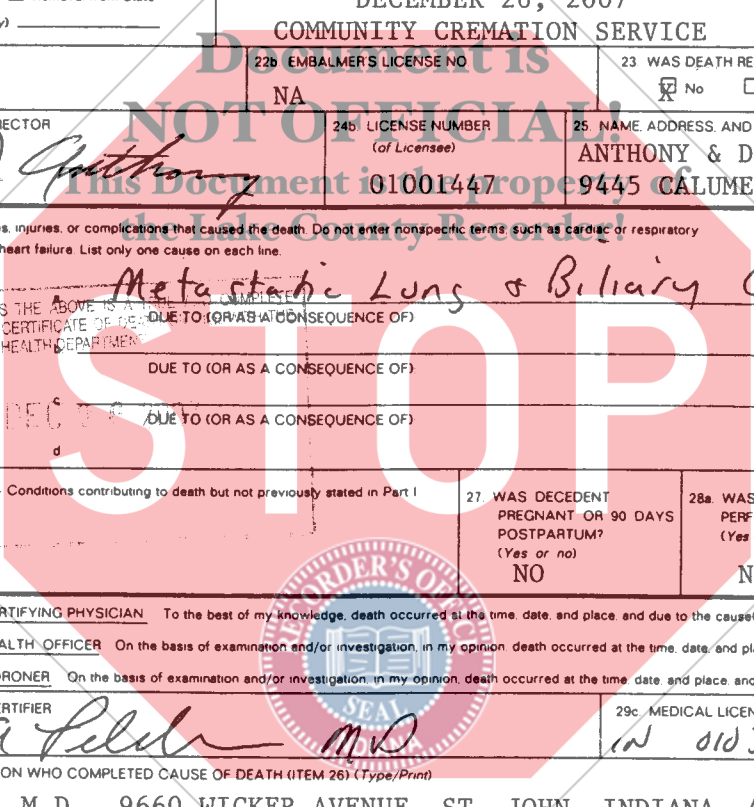
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Chicago Title Insurance Company



FILED FOR RECORD
STATE OF INDIANA
LAKE COUNTY
2007 SEP 23 PM 9:24
RECORDED