



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 262308

State No. 2108

1. Decedent's Legal Name (First, Middle, Last) John Kitchell Hayden Jr.				1a. Maiden Last Name (If Female)		2. Sex Male		3. Time Of Death 04:35 AM		4. Date Of Death (Month/Day/Year) July 23, 2008			
5. Social Security Number 304-40-5812		6a. Age - Yrs 85		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
		Months		Days		Hours		Minutes		7. Date Of Birth (Month/Day/Year) December 12, 1922			
										8. Birthplace (City And State Or Foreign Country) Lowell IN			
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input checked="" 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 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) St. Anthony Inpatient Hospice													
12. City Or Town, State, And Zip Code Crown Point						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 Margaret L. Hayden				15a. (If Wife) Give Maiden Last Name Stahl		16. Decedent's Usual Occupation Farmer			17. Kind Of Business/Industry Farming				
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Lowell							
18c. Street And Number 123 Maple St.								18d. Apt. No.		18e. Code		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High school Graduate or GED				20. Decedent Of Hispanic Origin No				21. Decedent's Race White					
22. Father's Name (First, Middle, Last) John Kitchell Hayden						23. Mother's Name (First, Middle, Last) Jessie M. Hayden			23a. Mother's Maiden Last Name Manning				
24. Informant's Name Margaret L. Hayden				24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 123 Maple St., Lowell, In 46356							
25. Place Of Disposition West Creek Cemetery Lowell IN													
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 checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Sheets Funeral Home 604 E. Commercial Ave., Lowell, IN 46356						27a. Funeral Home License Number: FH83004277					
27b. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>						27c. License Number (Of Licensee): FD09200061							
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. Acute Myelogenous leukemia													
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.													
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 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) #2924							
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</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: Dr. Randall Hile MD 1020 E. Commercial Ave., Lowell, IN 46356						44. License Number 01030234			45. Date Certified 8-30-08				
46. Additional Funeral Service Provider:						47. *Akas:							
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): September 3, 2008							

2008 SEP 24 10:25 AM
MICHAEL A. BROWN
RECORDER
LAKE COUNTY
INDIANA
FILED FOR RECORD



FILED