## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1979-09

1. Decedent's Legal Name (Fir	State No										
EILEEN	1	1a. Maiden Last Nar BAKER					25 PM JUNE 2, 2008				
5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year  Months	6c, Under 1 Month Days	6d. Under 1 Day	6e. Under 1 Hour Minutes	_	` '	8. Birthplace (City And State Or Foreign Country)			
97 Months Days Hours  9 Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital:					Manutes OCT. 2, 1910 HEBRON, INDIANA  10a. If Death Occurred Somewhere Other Than A Hospital:						
☐ Yes No Unknown ☐ ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival ☐ Hospice Facility ★ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)											
3814 SANDALWOOD DRIVE											
12. City Or Town, State, And	i i			14. Marital Status At Time Of Death							
HIGHLAND, INDIANA 46322					LAKE			☐ Married ☐ Married But Separated ☐ Divorced  ■ Widowed ☐ Never Merned ☐ Unknown			
15. Surviving Spouse's Name			15a. (If Wife)Giv	e Maiden Last Name		16. Decedent's Usual Occupation		17. Kind Of Business/Industry			
NONE  18. Residence – State			- County			HOMEMAKER  18b. City Or Town		OWN HOME			
INDIANA			LAKE		HIGHLAND			75			
18c. Street And Number					18d. Apt. No.	18e. Zip Code 18f. Iriside City Limits?					
3814 SANDAI	RIVE	20 Decedest Of History	D. Decedent Of Hispanic Origin 2				463	2200	A les U No		
HIGH SCHOOL	21. Decedent's Race  WHITE										
22. Father's Name (First, Middle, Last)					23. Mother's Name (First, Middle, Last)			23a. Mother's Maiden Last Name			
ROSS BAKER  24. Informant's Name 24a. Relationship To Decedent					EXA BAKER  24b. Mailing Address (Street And Number, City, State, Zip Code)			FOLTS			
SCOTT R. HI	3812 SANDALWOOD DRIVE, HIGHLAND, TYDIANA 46322										
SCOTT R. HUFFMAN  SON  3812 SANDALWOOD DRIVE, HIGHLAND, THOLAND 46322  25. Place Of Disposition  25a. Method Of Disposition  25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)  25c. Location – City, Town, And State											
■ Burial □ Cremation □ Donation □ Entombment JUNE 7, 2008											
□ Removal From State □ Other (Specify):  HEBRON CEMETERY HEBRON, INDIANA											
26. Was Coroner Contacted?  27. Name And Complete Address Of Funeral Facility  ANTHONY & DZIADOWICZ FUNERAL HOME  245 CALUMET AVENUE  ANTHONY & DZIADOWICZ FUNERAL HOME											
27b. Signature Of Indiana Funeral Service Licensee:  27c. License Number (Of Licensee):											
dany	). Gr	ethon	Z				01001447	7	יל רנ		
Cause Of Death (See Instructions And Examples)  28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events  Approximate											
Such As Cardiac Arrest, I A Line. Add Additional Li	Respiratory Arre	st, Or Ventricular Fi	brillation Without Sho	. Do Not Abbreviate	previate. Enter Only One Cause On			Interval: Onset			
Immediate Cause (Final Disease Or Condition Resulting In Death  A										A FILE WITH THE	
Sequentially List Conditio Line A. Enter The Underf			isted On B.	Conge	istive	Ve Heart tail			ure.		
The Events Resulting In [	cuse of injury frian	С		Due To (Or As A Consequence Of):		guence Of):	1UN 8 4 2008				
THE Significant	Conditions Contrib	uting To Death But Not	D. Resulting In The Underly	ring Cause Given In P	and Discourse	29. Was An Autops	y Performed?				
ひいな			,	July BIL			indings Available To Co	Yes No mplete The Cause	Of Death?	☐ Yes ☐ No	
O S O OSCO Use Contribu		32 If Femal		2/m			33. Manner Of De	ath:	and the second of the second	Constitution and American constitution on the American State of th	
4 113	Suicide Li Could Not be Determined										
" <b>=</b> =	rtear)	35. Time O	r injury	36. Pta	ce Of Injury (E.G., Decede	nt's Home, Const	ction te, Res	ooded Area)		Injury At Work?	
31. Log do O Injury - State	<del></del>	38a. City Or	Town	38b. St	treet & Number	NOV	0 ~	38c. Apt. No	380 2	in Code	
국용용					PE	GOV.	<sup>5</sup> 200A				
AKE COLING A Provide Courted											
Passenger la Passenger la Precestran la Other (Specify)											
PEGGY 5 2008  AKE COUNTY A Diseripperator   Pedestrian   Other (Specify)    Situature of Person Certifying Cause Of Death:  AKE COUNTY A Diseripperator   Pedestrian   Other (Specify)    42. Certifier (Check dusty)    42. Certifying Physician   Coroner   Health Officer  45. Date Certifying Cause Of Death:  46. Date Certifying Cause Number  47. Date Certifying Cause Number											
Germyng Priysician Coroner Health Officer Health Of											
ZWAIZ ASFOUR, M.D. 10010 DONALD S. POWERS DR, MUNSTER, IN 46321 0105303   JUNE											
46. Additional Funeral Service Provider: 47. *Akas:											
48. Signature of Local Health Officer:  49. For Registrar Only – Date Filed (Month/Day/Year):  49. For Registrar Only – Date Filed (Month/Day/Year):											
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