

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 000057

LAKE COUNTY  
FILED FOR RECORD  
STATE NO. 00000001-452-022.000-004

1. Decedent's Legal Name (First, Middle, Last) <b>David Lee Waxton Sr</b>			1a. Maiden Last Name (if Female)			2. Sex <b>Male</b>		3. Time Of Death <b>AM: 09:19</b>		4. Date Of Death (Month/Day/Year) <b>March 17, 2009</b>			
5. Social Security Number <b>313-30-5294</b>		6a. Age - Yrs <b>79</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
7. Date Of Birth (Month/Day/Year) <b>October 19, 1929</b>			8. Birthplace (City And State Or Foreign Country) <b>Mobile, Alabama</b>										
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 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) <b>Regency Hospital</b>													
12. City Or Town, State, And Zip Code <b>East Chicago, Indiana 46312</b>						13. County Of Death <b>Lake</b>			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 <b>Willie B. Waxton</b>				15a. (If Wife) Give Maiden Last Name <b>Dillard</b>				16. Decedent's Usual Occupation <b>Tacker-Fitter (retired)</b>			17. Kind Of Business/Industry <b>General American Transportation Corporation</b>		
18. Residence - State <b>Indiana</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Gary</b>			18c. Street And Number <b>740 Hanley Street</b>		18d. Apt. No. <b>N/A</b>	18e. Zip Code <b>46406</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>11th</b>			20. Decedent Of Hispanic Origin <b>No</b>			21. Decedent's Race <b>Black</b>							
22. Father's Name (First, Middle, Last) <b>Will Waxton</b>				23. Mother's Name (First, Middle, Last) <b>Dannie Mae Waxton</b>				23a. Mother's Maiden Last Name <b>James</b>					
24. Informant's Name <b>Willie B. Waxton</b>			24a. Relationship To Decedent <b>Wife</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>740 Hanley Street Gary, Indiana 46406</b>							
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) <b>Oak Hill Cemetery</b>			25c. Location - City, Town, And State <b>Gary, Indiana</b>							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Hinton &amp; Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312</b>						27a. Funeral Home License Number: <b>FH83001520</b>					
27b. Signature Of Indiana Funeral Service Licensee <i>Jracy Cheryl Williams</i>						27c. License Number (Of Licensee): <b>FD08600238</b>							
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. Approximate Interval: Onset To Death													
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. <i>respiratory failure</i>			Due To (Or As A Consequence Of)							
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last			B. <i>advanced Parkinson</i>			Due To (Or As A Consequence Of)							
			C. <i>advanced Alzheimer</i>			Due To (Or As A Consequence Of)							
			D.										
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 checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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., Residence, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number <b>APR 01 2009</b>			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) <b>CS</b>							
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 <b>1100</b>							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Dr. Sami Ahmadzai 6924 Indianapolis Blvd Hammond IN 46324</b>						44. License Number <b>01032690</b>		45. Date Certified <b>March 17, 2009</b>					
46. Additional Funeral Service Provider:						47. *Akas.							
48. Signature of Local Health Officer: <i>[Signature]</i> IVRA-20 (7/05)						49. For Registrar Only - Date Filed (Month/Day/Year) <b>3/20/09</b> <b>006738</b>							

