



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3777-08 Parcel # 45-07-03-353-012-000-023 State No. LAKE COUNTY

1. Decedent's Legal Name (First, Middle, Last) Steven R. Carpenter		1a. Maiden Last Name (If Female) -		2. Sex Male		3. Time Of Death 7:00 am		4. Date Of Death (Month/Day/Year) November 5, 2008	
5. Social Security Number 306-72-1101		6a. Age - Yrs 48		6b. Under 1 Year 2009 022641		7. Date Of Birth (Month/Day/Year) Sept. 15, 1960		8. Birthplace (City And State Or Foreign Country) Portage, Indiana	
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 <input type="checkbox"/> Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) 3228 Kenwood Avenue									
12. City Or Town, State, And Zip Code Hammond, Indiana 46323				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 Jill Carpenter			15a. (If Wife) Give Maiden Last Name Hylek		16. Decedent's Usual Occupation Electrical Contractor		17. Kind Of Business/Industry Self-Employed		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Hammond					
18c. Street And Number 3228 Kenwood Avenue						18d. Apt. No. -	18e. Zip Code 46323	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School - 12			20. Decedent Of Hispanic Origin No			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Charles F. Carpenter			23. Mother's Name (First, Middle, Last) Frances Carpenter			23a. Mother's Maiden Last Name Andrews			
24. Informant's Name Jill Carpenter		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 3228 Kenwood Avenue, Hammond, Indiana 46323					
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) November 8, 2008 Elmwood Cemetery			25c. Location - City, Town, And State Hammond, Indiana 46324				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FIFE FUNERAL HOME, INC. 4201 Indianapolis Blvd., East Chicago, Indiana 46312					27a. Funeral Home License Number: FH83001512		
27b. Signature Of Indiana Funeral Service Licensee: <i>John P. Fife</i>					27c. License Number (Of Licensee): FD01020366				
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <input checked="" type="checkbox"/> Malignant Cancer Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ 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									
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 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"/> Other (Specify) 006794			
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. G. JANS - 929 RIDGE ROAD, MONSTER, INDIANA 46321					44. License Number 644-256		45. Date Certified Nov. 5, 2008		
46. Additional Funeral Service Provider:					47. *Akas: 1100				
48. Signature of Local Health Officer: <i>Susan J But. D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year): November 7, 2008				



FILED
APR 08 2009
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR