

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. 0217-04

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

ALTH OFFICER

Parkview Terrace 1st Add to Dyer hot 18 45-11-06-155-004-000-034

1. DECEASED—NAME (First, Middle, Last) William M. Bales, Jr.				2. SEX Male		3a. TIME OF DEATH 2:42A M		3b. DATE OF DEATH (Month, Day, Yr.) September 10, 2004				
4. *SOCIAL SECURITY NUMBER 316-58-7430		5a. AGE—Last Birthday (Years) 51		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) January 25, 1953		7. BIRTHPLACE (City and State or Foreign Country) Chicago Heights, IL		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? Never		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) The 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) Nancy Vroom		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Carpenter				12b. KIND OF BUSINESS/INDUSTRY Construction				
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Dyer			13d. STREET AND NUMBER 939 Kensington Dr.					
13e. ZIP CODE 46311		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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) 12 College (1-4 or 5+) 2		
18. FATHER'S NAME (First, Middle, Last) William Bales, Sr.						19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Louise Frigo						
20a. INFORMANT'S NAME (Type/Print) Nancy Bales				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 939 Kensington Dr. Dyer, IN 46311				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) September 14, 2004 Heritage Crematory				21c. LOCATION—City or Town, State Portage, Indiana				
22a. EMBALMER'S NAME William Byma				22b. EMBALMER'S LICENSE NO. IL 034-012218		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eldred B. Schaefer</i>				24b. LICENSE NUMBER (of Licensee) FDO 1000857		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne FH19400095 6955 South-eastern Hammond IN for Schroeder-Lauer FH 3227 Ridge Lansing, IL 60438						
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) a. <i>Metabolic (y of a)</i> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death <i>215 months</i>		
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>[Signature]</i>						29c. MEDICAL LICENSE NO. 06040256			29d. DATE SIGNED (Month, Day, Year) 9-15-04			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) G. Jano, MD 929 Ridge Rd. Munster, IN 46321												
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Bat. D.O.</i>												
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE DEATH CERTIFICATE AS RECORDED WITH THE CLERK OF THE COUNTY HEALTH DEPT. 02511 SEP 18 2004				
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 47679 RM								
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.								

STOP

FILED

APR - 7 2009

PEGGY HULINGA KATONA
LAKE COUNTY AUDITOR

RECORDED
INDEXED
SEP 18 2004