## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 1576-09					State No					
Decedent's Legal Name (First, Middle, Last)	1a Maiden Last	Name (If Female)	1	2 Sex 3 Time Of Deat Male 08:11 AM		April 1				
LBERT L. CHAMBERS  Social Security Number   6a Age - Yrs	Sb. Under 1 Year	6c Under 1 Month	6g Under 1 Day	6e, Under 1 Hour		(Month/Day/Year)	8 Birthplace	(City And State C	or Foreign Country)	
Social Security Walness	Months	Days	Hours	Minutes	October 2		ROCK	CKFORD, ILLINOIS		
Ever In U.S. Armed Forces? 10 If Death	10a If Death Occurred Somewhere Other Than A Hospital:  ☐ Hospice Facility M Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)									
Yes No Unknown  Inpatient 1 Facility Name (If Not Institution, Give Street And	Emergency Depart	tment Outpatient [	Dead On Arrival	☐ Hospice Facility	Decedent's Home	Nursing Home/Lon	g-Term Care Fac	lify U Other (Sp	earyj	
45 SEMINARY DRIVE										
2 City Or Town, State, And Zip Code	13. County Of Death			14 Mantal Status At Time Of Death						
DYER, INDIANA 46311  15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Last I			)Give Maiden Last Nai	ne 16 Decedent's Usual Occupation			Married Married, But Separated Divorced Widowed Never Married Unknown  17 Kind Of Business/Industry			
PATRICIA J. CHAMBERS		STEVESON		Driver	Driver		YELLOW FRIEGHT CO.			
18. Residence - State	County KE			DYER			0			
TNDIANA THIC Street And Number	L					18d. Apt No.	18e.	Zip Code	181 Iriside City Limits	
45 SEMINARY DRIVE								46311	X Yes □ Nc	
19. Decedent's Education		Decedent Of His		1 10	Decedent's Race /hite			(A)		
Master's degree (e.g. MA, MS, MEng, ME	d, MSW, MBA) N	o, not Spanis	h/Hispanic or L	atino				Ta Molecular	aiden Last Name	
22 Father's Name (First, Middle, Last)			23. Mother's Name (First, Middle, Last)  ELIZABETH CHAMBERS			DAVEY				
THOMAS E. CHAMBERS  24 Informant's Name 24a Relationship to Decedont				Z4b Mailing Address (Street And Number, City, State, Zp Code)				ַלַ יַייַ		
PATRICIA J. CHAMBERS Wife				645 SEMINARY DRIVE, DYER, IN 46311						
				Place Of Disposition		<u> </u>				
25a. Method Of Disposition	/	TO	e Of Cemetery, Crema		T A T	ty, Town, And State				
■ Burial □ Cremation □ Donation □ Entombri □ Removal From State	MEMOF	Y LANE M	EMORIAL P	ARK	Scherery	ile iN				
Other (Specify):		ress Of Funeral Fa	chive sale	uneral Home, Ir	conort	v of		27a Fu	neral Home License Number	
☐ Yes No			7042 Ken	unetal Home, il nedy Avenue, h	iammond. Il	46323	\ :		600033	
27b Sugarture Of Indiana Funeral Service License	B	the I	ake Cr	mary Re	corder	27c License Numb		310.00	77.	
Vase H (mo						FDO860137	73	> 12		
10001		Ca	ause Of Death (	See Instructions A	nd Examples)		8	•	Approximate	
28/ Part I. Enter The Chain Of Events—Di Suph As Cardiac Arrest, Respiratory Arrest	seases, Injuries, O , Or Ventricular Fib	r Complications- rillation Without	—That Directly Cau Showing The Etiol	used The Death, Uo No logy. Do Not Abbreviate	e. Enter Only One	Cause On	33	T-14	Interval: Onse	
A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Conditional	ion Resulting In De	ath A	a Car	ncor of	unky	OWN	P/1000			
				7	Due To (Or As A Cons	equerios Off:		<u> </u>	ġ≺ž	
Sequentially List Conditions, If Any, Leadin Line A. Enter The Underlying Cause (Dise	g To The Cause Lisase Or Injury That		3.		Due To (Cr As A Cons	equence Off.		£ 5	6	
The Events Resulting In Death) Last		(	C		Due To (Or As A Cons	equence Oti				
Part It Enter Other Significant Conditions Contribut	ing To Death But Not I		D. iderfying Cause Given	In Part I	29 Was An Auto	sy Parformed?	☐Yes <b>Y</b>	] No		
Tarri Bild Gud diginian Solitor		, and the second second	TITLE	DER'S O	30 Were Autopsy	Findings Available T	Complete The	ause Of Death?	☐ Yes 💢 No	
31. Did Tobucco Uso Contribute To Death?	32 If Fornald					Manner C	of Death:			
☐ Yes ☐ Probably ☐ No 🕊 Unknown	□ Not Fregna	nt Within Past Year [	Pregnant At Time Of Death	th Not Pregnant, Pregnar Unknown If Pregnat Wilher	Vilhing Days Of at		Homecade 🔲 Accude Could Not Be Determ	nt 🖸 Pending Inves		
34. Date Of Injury (Month/Day/Year)	35. Time OI	Injury	36	Place Of Injury (E.G., Dec		/	nt, Wooded Area		37 Injury At Work?	
				EAN M	XY 07 20	109	38c A	rt No. I 38	☐ Yes ☐ No	
38. Location Of Injury - State	38a. City Or	Town	38	b Street & Number		Z ATONA	1 1	Dna.	<i>H</i>	
				PEGGY	HOLINGA COUNTY	VI IDIALUME	poration Injury,	Specify	41 1	
39 Describe How Injury Occurred		· ·		LAKE	ZOUNTY	AUD Driver/Op	• erator □ Passeng	er 🗖 Pedestræn 🕻	Other (Specify)	
			and the same that the same tha			ertifier (Check Only C	lool		(	
41 Signature, Of Person Certifying Cause Of Person		1 / - 0	( ( ~			entifying Physician [		lealth Officer	ſ	
42 Name Address And Tim Code Of Comme	Cortificina Course	Cel	<u> </u>				ense Number		Date Certified .	
43. Name, Address And Zip Code Of Person M. KASSAR, M.D. 1011	0 Donald	Powers [	Orive, Mun	ster, IN 4632	:1			4	120109	
46. Additional Funeral Service Provider:					-	47. *A	kas:			
48. Signature of Local Health Officer:					49 8	or Registrar Only –	Date Filed (Mont	i/(Jay/Year)		
Signature of Local Health Office							$\alpha$ .	_	)A . 2009	
	-UT	, D.O.				(	LIAN	· 🕻	) a cas	

Form 10110 (R7/9-07) ATTENTION ESTATE The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Diedosure is voluntary and the