

2008

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 3677-08

Key # 45-08-13-378-006-000-020
State No.

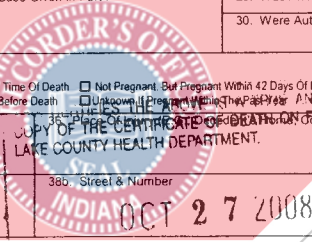
1. Decedent's Legal Name (First, Middle, Last) ANNIE ROSE WILLIAMS				1a. Maiden Last Name (If Female) N/A		2. Sex Female	3. Time Of Death 3:40 PM	4. Date Of Death (Month/Day/Year) October 18, 2008		
5. Social Security Number 400-48-4850		6a. Age - Yrs 73	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) April 24, 1935		8. Birthplace (City And State Or Foreign Country) Marion County, Kentucky	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) St. Mary Medical Center										
12. City Or Town, State, And Zip Code Hobart					13. County Of Death Lake			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Home		
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Lake Station			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 2771 Oklahoma Street			18d. Apt. No.		18e. Zip Code 46405					
19. Decedent's Education High School Graduate or GED			20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Isaac Smothers				23. Mother's Name (First, Middle, Last) Pauline Smothers			23a. Mother's Maiden Name Clarkston			
24. Informant's Name Anthony Rivera			24a. Relationship To Decedent Friend		24b. Mailing Address (Street And Number, City, State, Zip Code) 2771 Oklahoma Street, Lake Station, IN 46405					
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) Calvary Cemetery			25c. Location - City, Town, And State Portage, IN 46368				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, Brady Chapel, 3781 Central Ave., Lake Station, Indiana, 46405					27a. Funeral Home License Number: FH19300009			
27b. Signature Of Indiana Funeral Service Licensee: <i>Charles M. Schuer</i>						27c. License Number (Of Licensee): FD29700036				
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. PNEUMONIA Due To (Or As A Consequence Of) B. LEUKEMIA, ACUTE MYELOID Due To (Or As A Consequence Of) C. PANCYTOPENIA Due To (Or As A Consequence Of) D. BLEEDING GASTROENTERES										
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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 AND On Date Of Death				33. Manner Of Death: <input 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) MAY 08 2009		35. Time Of Injury		36. Location Of Injury - State Indiana			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Street & Number 2771 Oklahoma Street	
38a. City Or Town Lake Station		38b. Street & Number		38c. Apt. No.		38d. Zip Code 46405		39. Describe How Injury Occurred PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR		
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						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						44. License Number 010 26118		45. Date Certified 10-21-08		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: R, Jao MD, 1600 S. Lake Park Avenue Suite 300, Hobart, IN 46342						46. Additional Funeral Service Provider:		47. *Akas:		
48. Signature of Local Health Officer: <i>Susan J Best</i>						49. For Registrar Only - Date Filed (Month/Day/Year): October 27, 2008		49. For Registrar Only - Date Filed (Month/Day/Year):		



2009 030796

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL A. BROWN
RECORDER
2009 MAY 08 AM 11:16

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