

NOTICE: The Social Security # is requested by this state agency in order to determine its statutory responsibility. Disclosure is required and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

No. 100-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

PRINT IN PERMANENT INK

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1 DECEASED—NAME (First, Middle, Last) James Potts				2 SEX Male	3a TIME OF DEATH 9:00 P. M.	3b DATE OF DEATH (Month, Day, Yr.) April 30, 2007	
4 *SOCIAL SECURITY NUMBER 314 26 9125	5a AGE—Last Birthday (Years) 76	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) May 24, 1930	7 BIRTHPLACE (City and State or Foreign Country) Bridgeport, Illinois		
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1953	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) Broadway Methodist Hospital			9c CITY, TOWN OR LOCATION OF DEATH Merrillville		9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Betty Bakeman	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Ironworker		12b KIND OF BUSINESS/INDUSTRY Construction			
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Cedar Lake		13d STREET AND NUMBER 12828 Wicker Ave.			
13e ZIP CODE 46303	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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) American Indian		
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 		18 FATHER'S NAME (First, Middle, Last) Ray Potts					
19 MOTHER'S NAME (First, Middle, Maiden Surname) Lucille Davis					20e INFORMANT'S NAME (Type/Print) Betty Potts		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12828 Wicker Ave., Cedar Lake, In., 46303				20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input 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) May 4, 2007 German Methodist Cemetery		21c LOCATION—City or Town, State Cedar Lake, Indiana			
22a EMBALMER'S NAME Fred Operka		22b EMBALMER'S LICENSE NO. FD01916076		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> YES			
24a SIGNATURE OF FUNERAL DIRECTOR Fred Operka		24b LICENSE NUMBER (of Licensee) FD01016076		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Eller Brady FH83000825 8510 Lakeshore dr. Cedar Lake, In. 46303			
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) Congestive cardiac failure DUE TO (OR AS A CONSEQUENCE OF) atherosclerotic heart disease Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last cerebral aneurysm DUE TO (OR AS A CONSEQUENCE OF) arteriosclerotic cerebrovascular disease						Approximate Interval Between Onset and Death	
PART II Other significant conditions contributing to death but not previously stated in Part I						27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	
28a WAS AN AUTOPSY PERFORMED? (Yes or no)						28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN In 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 [Signature]				29c MEDICAL LICENSE NO. IN 25043	29d DATE SIGNED (Month, Day, Year) 5/3/07		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) K. R. WILSON, 1 POTTIM, 8300 R R A, MAY, IN 46418							
31 HEALTH OFFICER'S SIGNATURE [Signature]						32 DATE FILED (Month, Day, Year) May 3, 2007	
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 DESCRIBE HOW INJURY OCCURRED 1100 CS kn		
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)					
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

FILED MAY 18 2009 PEGGY HOKINGA KATONA LAKE COUNTY CLERK

NOTICE: This document is the property of the Lake County Recorder!

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