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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

922332



Local No. 1173-09

State No.

1. Decedent's Legal Name (First, Middle, Last) Herman Arthur Waters				1a. Maiden Last Name (If Female) ---		2. Sex M		3. Time Of Death 5:20 a.m.		4. Date Of Death (Month/Day/Year) March 9, 2009	
5. Social Security Number [REDACTED]		6a. Age - Yrs 79		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) Aug. 28, 1929				8. Birthplace (City And State Or Foreign Country) Gary, IN							
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 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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) Chicagoland Christian Village											
12. City Or Town, State, And Zip Code Crown Point, IN 46307						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 Mary E. Waters				15a. (If Wife) Give Maiden Last Name Dotson				16. Decedent's Usual Occupation Machinist		17. Kind Of Business/Industry Steel Manufacture	
18. Residence - State IN		18a. County Lake				18b. City Or Town Merrillville					
18c. Street And Number 8217 Clay St.						18d. Apt. No.		18e. Zip Code 46410		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education High School Graduate				20. Decedent Of Hispanic Origin No				21. Decedent's Race Caucasian			
22. Father's Name (First, Middle, Last) Herman A. Waters				23. Mother's Name (First, Middle, Last) Mary E. Waters				23a. Mother's Maiden Last Name Brown			
24. Informant's Name Mary E. Waters				24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 8217 Clay St., Merrillville, IN 46410					
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) Calumet Park Cemetery				25c. Location - City, Town, And State Merrillville, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342									
27a. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>						27c. License Number (Of Licensee): FD01009461					
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. <i>Ventricular arrhythmia</i> B. <i>Multisystem System Failure</i> C. <i>Pulmonary Fibrosis</i> 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 Approximate Interval: Onset To Death <i>20 months</i> <i>3 weeks</i> <i>3 years</i>											
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 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 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							
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury		36. Place Of Injury (E.G., Home, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State				38a. City Or Town				38c. Apt. No.		38d. Zip Code 112	
39. Describe How Injury Occurred											
41. Signature, Of Person Certifying Cause Of Death: <i>Elizabeth Przeniczny, MD</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: Elizabeth Przeniczny, MD 5265 Commerce Dr., Crown Point, IN 46307						45. Date Certified JUL 22 2009					
46. Additional Funeral Service Provider:						47. *Area: REGGY HOLINGA-KATONA LAKE COUNTY AUDITOR					
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) March 11, 2009					

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MICHAEL A. BROWN
RECORDER
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LAKE COUNTY AUDITOR