

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No/8/	1-09	R	ESUBMIT	•			St	ate No			
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Last Na	ime (if Female)	:	2. Sex	3. Time	e Of Death			(Month/Day/Year)
Nenette R. Matonovic	h		Haskell			Female	5.31	l P.M.	Marz	7	2009
1	o. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date C	of Birth (Month/Da	ay/Year)	8. Birthplace (Ci	ty And State	Or Foreig	gn Country)
314-82-60// 46	onths	Days	Hours	Minutes 10a. If Death Occurred S	Jan.	26, 19	963	Chicago	, IL		
		: tment Outpatient 🔲 🏻	load On Arrival	□ Hospice Facility K [>= ==:E:\	
11. Facility Name (If Not Institution, Give Street And N		tillerit Outpatiesit 🔲 L	read Off Affival	☐ Hospice Facility 20 L	recedent's no	ome 🔲 nursing	morre/Long-r	erni Care Facinty	☐ Other (3	specily)	
6745 Wicker Ave.											
12. City Or Town, State, And Zip Code				13. County Of D	eath			14. Marital Statu	s At Time O	f Death	
Hammond, IN 46323				Lako	Lake			☐ Married ☐ Married, But Separated ※ Divorced ☐ Widowed ☐ Never Married ☐ Unknown			
15. Surviving Spouse's Name		15a. (If VVife)Giv	e Maiden Last Name	16. Deceden	t's Usual Oc	cupation		17. Kind Of			Jnknown
				Teacher				Education			
18. Residence – State	ence – State 18a. County			18b. City Or Town				Education			
IN		Hammond									
18c. Street And Number		Lake		Пашио	IIU	18d. A	Apt. No.	18e. Zip	Code	18	f. Inside City Limits?
6745 Wicker Ave.								4632) 2	18	Yes 🗖 No
19. Decedent's Education	20	. Decedent Of Hispani	c Origin	21. Dece	edent's Race			14032	4.3	1	
12/4	N	lo, not panish/H	ienanie/	Latino	Whit	_					
22. Father's Name (First, Middle, Last)		paniisii/ii.	Lispanic	23. Mother's Name (First				23a.	Mother's M	laiden La	śt Name
Richard Haskell				Evelyn Ha	ske11				Haye	S	
24. Informant's Name		24a. Relationship To	Decedent	24b. Mailing Address (St			Zip Code)		110.5 C		
Richard Haskell		Father	Docu	8623 Liabl	e Hi	ghland	, IN	46322			
25. Place Of Disposition 25a. Method Of Disposition. 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location — City, Town, And State											
☐ Burial XX Cremation ☐ Donation ☐ Entombmer	st /	NU	TO		A						
Removal From State Other (Specify):	Ke11y	-Carroll	Cremato:	rys the pr	Gary,	IN	c				
26. Was Coroner Contacted? 27. Name	And Complete Addr	ess Of Funeral Facility	cument	is the pr	ope	rty OI			27a. Fu	neral Hor	ne License Number:
X Yes □ No 8415	Calumet	Ave M	ake Co	IN14632F-9	grde	er!			300	4968	.
27b. Signature Of Indiana Funeral Service Licensee: Dura Dura							nse Number (Of Licensee):	1300	1300	
Thomas		1045184									
				Instructions And							
28. Part I. Enter The Chain Of Events Dises Such As Cardiac Arrest, Respiratory Arrest, O	d The Death, Do Not E . Do Not Abbreviate. E	Death, Do Not Enter Terminal Events Not Abbreviate. Enter Only One Cause On			Approximate Interval: Onset						
A Line. Add Additional Lines If Necessary.	Respirato	ry and hepatic failure			To Death Unknown						
Immediate Cause (Final Disease Or Condition Resulting In Death Due To (Or As A Consequence Of)											
Sequentially List Conditions, If Any, Leading T Line A. Enter The Underlying Cause (Disease					Due To (Or As A	Consequence Of):					
The Events Resulting In Death) Last		C _			ue To (Or As A	Consequence Of);					
Cod II. Salas Olbas Ciar Salad Oladii.		D.	TITE	ED'C							
Part II. Enter Other Significant Conditions Contributing	IN Death But Not Re	suiting in The Underlyi	ng Cause Given In Pa			utopsy Performe opsy Findings Av		Yes No	e Of Death?	₩	V
31. Did Tobacco Use Contribute To Death?	32 If Female:					1 22 :	Manger Of De	atla		لکم	Yes No
☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ Not Pregnant \	Nithin Past Year Pregn	ant At Time Of Death.	Not Pregnant, But Pregnant With	in 42 Days Of D			ide 🔲 Accident 🔲	Pending Inves	ligation	
34. Date Of Injury (Month/Day/Year)	35. Time Of In	But Pregnant 43 Days To 1 ury		Unknown If Pregnant Within The ce Of Injury (E.G., Deceden		D/ Su	icide VI Could	Not Be Determined	•		At Work?
			Steen!	VDIANA	11.91					☐ Ye	es 🖺 No
38. Location Of Injury - State	38a. City Or To	wn	38b. St	reet & Number				38c. Apt. No	0. 380	d. Zip Co	de
							Thate.	a landa ya sa			
39 Describe How Injury Occurred						40	. If Transport	ation Injury, Spec	ify:		
							Driver/Operator	☐ Passenger ☐	Pedestrian E	Other (Sp	ecify)
41 Signature, Of Person Certifying Cause Of Dean				· ·	42	2. Certifier (Chec	k Only One)				
()	Shill	Лэ			[☐ Certifying Phy	/sician ី Co	oroner 🔲 Health	Officer		:
43. Nane. Address And Zip Code Of Person Ce	rtifying Cause Of F	eath Jeffr	ey R. We	ells, Chief	Depi	uty.	44. License	Number	45. [Date Certif	fied
2900 West 93rd Avenue, Crown Point, Indiana 46307							N/A	A	May	y 26	, 2009
46. Additional Funeral Service Provider:							47, *Akas:			·	-
48. Signature of Local Health Officer:					49	49. For Registrar Only – Date Filed (Month/Day/Year):					
48. Signature of Local Health Officer:	But	- D.O.				(_				\cap