



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Handwritten: H2-12-19-207-016-000-030

Local No. 2604-09

State No.

1. Decedent's Legal Name (First, Middle, Last) HOFFMAN BAKER		1a. Maiden Last Name (If Female)		2. Sex Male	3. Time Of Death 1:36a.m.	4. Date Of Death (Month/Day/Year) July 11, 2009	
5. Social Security Number 407-28-1480	6a. Age - Yrs 83	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) June 26, 1926	8. Birthplace (City And State Or Foreign Country) Penrod, Kentucky
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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) Methodist Southlake Campus							
12. City Or Town, State, And Zip Code Merrillville				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 Dolores Baker		15a. (If Wife) Give Maiden Last Name Joiner		16. Decedent's Usual Occupation Steelworker		17. Kind Of Business/Industry Inland Steel Co.	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Merrillville			
18c. Street And Number 3820 W. 78th Place				18d. Apt. No.	18e. Zip Code 46410	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12		20. Decedent Of Hispanic Origin		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Charles Baker			23. Mother's Name (First, Middle, Last) Zelpha Baker		23a. Mother's Maiden Last Name Poyner		
24. Informant's Name Dolores Baker		24a. Relationship To Decedent Spouse		24b. Mailing Address (Street And Number, City, State, Zip Code) 3820 W. 78th Pl. Merrillville, Ind. 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, Indiana			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rendina Funeral Home, 5100 Cleveland St. Gary, Ind.				27a. Funeral Home License Number: 38007819	
27b. Signature Of Indiana Funeral Service Licensee: <i>Anthony S. Rendina</i>				27c. License Number (Of Licensee) FD010401			
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. Approximate Interval: Onset To Death 8 months							
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. B cell lymphoma		Due To (Or As A Consequence Of):			
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		B.		Due To (Or As A Consequence Of):			
		C.		Due To (Or As A Consequence Of):			
		D.		Due To (Or As A Consequence Of):			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given On Part I.							
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"/> Pregnant 42 Days Of Death <input type="checkbox"/> Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within Past Year		33. Manner Of Death: <input checked="" 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)		35. Time Of Injury		35. Place Of Injury (E.G., Decedent's Home, Construction Site, 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 46410	
39. Describe How Injury Occurred 012261 16 2009				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) RA			
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			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: William W FORBES MD 109 N 8th Ave Merrillville IN 46410				44. License Number 0622236		45. Date Certified 15 JUL 2009	
46. Additional Funeral Service Provider:				47. *Akas:			
48. Signature of Local Health Officer: <i>Susan J But. D.O.</i>				49. For Registrar Only - Date Filed (Month/Day/Year): July 16, 2009			

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MICHAEL A. BROWN
RECORDER
STATE OF INDIANA
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PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

State Form 10110 (R7/07) ATTENTION: ESTATE: The Social Security is being reported by this state agency in order to ensure accurate responsibility. Deputies in collection and the...