

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



Local No 3081-09 Parcel # 45-12-09-451-022.000-030 State No _____

1. Decedent's Legal Name (First, Middle, Last) Helen A. Eaton				1a. Maiden Last Name (If Female) Davis		2. Sex Female	3. Time of Death 7:50 PM	4. Date of Death (Month/Day/Year) August 27, 2009	
5. Social Security Number 312-30-4127		6a. Age - Yrs 78	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) November 22, 1930		8. Birthplace (City And State Or Foreign Country) Hammond, Indiana
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) Methodist Hospital Southlake Campus									
12. City Or Town, State, and Zip Code Merrillville, Indiana 46410					13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 N/A		16. Decedent's Usual Occupation Antique Dealer		17. Kind Of Business/Industry Self Employed		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Merrillville			18d. Apt. No. N/A	18e. Zip Code 46410	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 6716 Jackson Street			20. Decedent Of Hispanic Origin Non-Hispanic			21. Decedent's Race White			23a. Mother's Maiden Last Name Whitsell
19. Decedent's Education 12				22. Father's Name (First, Middle, Last) Carl Davis		23. Mother's Name (First, Middle, Last) Helen Davis		24b. Mailing Address (Street And Number, City, State, Zip Code) 6716 Jackson Street Merrillville, Indiana 46410	
24. Informant's Name Cathleen Hundt			24a. Relationship To Decedent Daughter		25. Place Of Disposition Calumet Park Cemetery Merrillville, Indiana 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)			25c. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen Funeral Home, Merrillville 7905 Broadway, Merrillville, Indiana 46410			27a. Funeral Home License Number FB40800005		27c. License Number (Of Licensee) FD08600505		
27b. Signature Of Indiana Funeral Service Licensee: <i>Alyssa Howard</i>									
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									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Cardiorespiratory failure									
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. Terminal ulcers									
C. Colon cancer & Metas.									
D.									
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				
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 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., 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		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred					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>Nadira Ahmed</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: Nadira Ahmed, M.D., 270 E. 90th Drive, Merrillville, Indiana 46410					44. License Number 01047385A		45. Date Certified 8-31-09		
46. Additional Funeral Service Provider:					47. *Akas:				
48. Signature of Local Health Officer: <i>Susan W Best, D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year): <i>September 1, 2009</i>				

Document is UNOFFICIAL!
This Document is the property of the Lake County Recorder

FILED
11 2009
PEGGY LINGA-KATON
LAKE COUNTY AUDITOR

NADIRA AHMED, M.D.
MERRILLVILLE FAMILY MEDICAL CENTER
270 E. 90th DRIVE
MERRILLVILLE, IN 46410
Tel: 769-6363 Fax: 769-3922

20090831 11:35 AM STATE DEPARTMENT OF HEALTH RECORDS SECTION

012818