

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) Robert C. Packham				1a. Maiden Last Name (If Female) ---		2. Sex M	3. Time Of Death 1:10 a.m.	4. Date Of Death (Month/Day/Year) June 20, 2008		
5. Social Security Number 315-14-8041		6a. Age - Yrs 86		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) Feb. 21, 1922		
8. Birthplace (City And State Or Foreign Country) Hobart, IN		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 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"/> Other (Specify)		
11. Facility Name (If Not Institution, Give Street And Number) Fountainview Place Nursing Home 3175 Lancer St.										
12. City Or Town, State, And Zip Code Portage, IN 46368				13. County Of Death Porter			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 None			15a. (If Wife) Give Maiden Last Name ---			16. Decedent's Usual Occupation Foreman		17. Kind Of Business/Industry Public Utility		
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Hobart				
18c. Street And Number 1035 State St.				18d. Apt. No. ---		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 9			20. Decedent Of Hispanic Origin No			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Gibbean Packham				23. Mother's Name (First, Middle, Last) Genevieve Packham			23a. Mother's Maiden Last Name Meyers			
24. Informant's Name Robert C. Packham, Jr.			24a. Relationship To Decedent Son			24b. Mailing Address (Street And Number, City, State, Zip Code) 919 Memory Lane, Hobart, IN 46342				
25a. Method Of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Graceland Cemetery			25c. Location - City, Town, And State Valparaiso, 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. Funeral Home License Number: TH83002380		27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Pours</i>			
27c. License Number (Of Licensee): FDO1099461		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. COPD 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. tobacco dependence			28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I			30. 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 Past Year			31. 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				
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. Date Of Injury (Month/Day/Year) ---			32. Time Of Injury ---			33. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
34. Location Of Injury - State ---			34a. City Or Town ---			34b. Street Number ---		34c. Apt. No. ---		
34d. Zip Code ---			35. Describe How Injury Occurred PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR			36. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) Bill				
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: Jose Luis Agusti, MD 2640 Hamstrom Rd., Portage, IN 46368			
43. License Number: 01061624A		43. Date Certified: 6-24-08		44. Additional Funeral Service Provider: ---			44. *Aka's: ---			
45. Signature of Local Health Officer: <i>Harry A. Bobrooke MD</i>				46. For Registrar Only - Date Filed (Month/Day/Year): June 26, 2008						