

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

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 149-05

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED-NAME (First, Middle, Last) James W. Baker		2. SEX Male	3a. TIME OF DEATH 12:07 AM	3b. DATE OF DEATH (Month, Day, Yr.) January 13, 2005
4. SOCIAL SECURITY NUMBER 313-30-5606	5a. AGE-Last Birthday (Years) 74	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) October 20, 1930
7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana	8a. WAS DECEASED A U.S. VETERAN? Yes			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1959		9a. PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Munster, IN	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Nancy Turnpaugh	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor	12b. KIND OF BUSINESS/INDUSTRY Telephone Company	
13a. RESIDENCE-STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Highland	13d. STREET AND NUMBER 8148 4th Place East	
13a. ZIP CODE 46322	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. AS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE-American Indian, Black, White, etc. (Specify) White
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) 2000 College (1-4 or 5+) 0		18. FATHER'S NAME (First, Middle, Last) Willard Baker		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Frances Curtis		20a. INFORMANT'S NAME (Type/Print) Nancy Baker		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8148-4th Place East, Highland, IN 46322		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 17, 2005 Kelly-Carroll Cremation Services		21c. LOCATION-City or Town, State Gary, IN
22a. EMBALMER'S NAME Jose A. Corona		22b. EMBALMER'S LICENSE NO. FD08601373		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David L. Peterson</i>		24b. LICENSE NUMBER (of Licensee) FD08601585		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322 FH10300021
26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF): b. Severe diffuse coronary artery disease DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Severe diffuse Atherosclerosis Cardiovascular disease Coronary artery occlusion, hyperlipidemia				
27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a. CERTIFIER (check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Shashidhar Divakaruni</i>		29c. MEDICAL LICENSE NO. 010406067		29d. DATE SIGNED (Month, Day, Year) January 14th, 2005
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Shashidhar Divakaruni M.D., 9116 Columbia Avenue, Munster, IN 46321				
31. HEALTH OFFICER'S SIGNATURE <i>Shashidhar Divakaruni M.D.</i>				
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34a. PLACE OF INJURY-At home, farm, street, factory, building, etc. (Specify) 025692		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) JAN 20 2005		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

COUNTY TITLE (NAME)
 FILE NO. 149095

FILED
 MAR 05 2005
 PEGGY HOLINGA KATON
 LAKE COUNTY REC'D
 ANGE 32
 INDIANA
 COUNTY REC'D

