

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 1716-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) Ernest F. Witham				1a. Maiden Last Name (If Female) ---		2. Sex M	3. Time Of Death 7:10 am	4. Date Of Death (Month/Day/Year) May 2, 2008		
5. Social Security Number 312-05-8920	6a. Age - Yrs 90	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) Sept. 6, 1917		8. Birthplace (City And State Or Foreign Country) Gary, 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 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) St. Mary Medical Center										
12. City Or Town, State, And Zip Code Hobart, IN 46342				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 ---			15a. (If Wife) Give Maiden Last Name ---		16. Decedent's Usual Occupation Postal Superintendent		17. Kind Of Business/Industry US Postal Service			
18. Residence - State Indiana		18a. County Lake			18b. City Or Town Gary		18c. Street And Number 300 Jay St.		18d. Apt. No. --	
18e. Zip Code 46403		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 12		20. Decedent Of Hispanic Origin No		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) William Witham				23. Mother's Name (First, Middle, Last) Elizabeth Witham			24. Mother's Maiden Last Name Fagan			
24a. Informant's Name Christine A. Keller		24b. Relationship To Decedent Daughter		24c. Mailing Address (Street And Number, City, State, Zip Code) 2176 Fallen Oak Trail, Stoughton, WI 53589						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NW Indiana Cremation Service			25c. Location - City, Town, And State Crown Point, 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 FH83002380			
27b. Signature Of Indiana Funeral Service Licensee <i>James E. Burns</i>		27c. License Number (Of Licensee): FD01009461								
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. <u>COPD</u> B. <u>tobacco consumption</u> C. _____ D. _____ 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										
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. 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 checked="" type="checkbox"/> No										
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. 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 The 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
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 checked="" type="checkbox"/> No		
38. Location Of Injury - State		38a. Street Name			38b. Apt. No.		38c. Zip Code		38d. City	
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>Jose Luis Agusti</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 2640 Hamstrom Rd., Portage, IN 46368				44. License Number 01061629A		45. Date Certified 5-8-8				
46. Additional Funeral Service Provider ---				47. *Area: ---						
48. Signature Of Local Health Officer <i>Susan T. Best DO</i>				48a. File No. 051581		49. For Registrar Only - Date Filed (Month/Day/Year) May 9, 2008				

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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