



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) <i>Jimmy Thomas</i>				1a. Maiden Last Name (If Female) <i>N/A</i>		2. Sex <i>male</i>		3. Time Of Death <i>3:23 PM</i>		4. Date Of Death (Month/Day/Year) <i>January 24, 2009</i>			
5. Social Security Number <i>303-32-0244</i>		6a. Age - Yrs <i>74</i>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
7. Date Of Birth (Month/Day/Year) <i>December 6, 1934</i>		8. Birthplace (City And State Or Foreign Country) <i>Lake Station, IN</i>											
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) <i>Horton Hospice Center</i>													
12. City Or Town, State, And Zip Code <i>Valparaiso Indiana</i>						13. County Of Death <i>Porter</i>			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 <i>Mary Thomas</i>				15a. (If Wife) Give Maiden Last Name <i>Yocum</i>				16. Decedent's Usual Occupation <i>Crane Operator</i>		17. Kind Of Business/Industry <i>U.S. Steel</i>			
18. Residence - State <i>Indiana</i>				18a. County <i>Porter</i>				18b. City Or Town <i>Lake Station</i>					
18c. Street And Number <i>3204 E 36th avenue</i>						18d. Apt. No.		18e. Zip Code <i>46405</i>		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <i>High School Graduate</i>				20. Decedent Of Hispanic Origin <i>No</i>				21. Decedent's Race <i>White</i>					
22. Father's Name (First, Middle, Last) <i>John Thomas</i>				23. Mother's Name (First, Middle, Last) <i>Daisy Thomas</i>				23a. Mother's Maiden Last Name <i>Meeks</i>					
24. Informant's Name <i>Mary Thomas</i>				24a. Relationship To Decedent <i>Wife</i>		24b. Mailing Address (Street And Number, City, State, Zip Code) <i>3204 E 36th ave. Lake Station IN 46405</i>							
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) <i>Midwest Cremation Center La Porte, Indiana</i>				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 <i>Elm Ridge 4600 West Kilgore Ave. Muncie IN 47304</i>						27a. Funeral Home License Number: <i>FH10100025</i>					
27b. Signature Of Indiana Funeral Service Licensee: <i>Brayden Siechty</i>						27c. License Number (Of Licensee): <i>FD20600107</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. <i>Uterinary bladder cancer</i>													
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. <i>liver metastasism</i>													
C. _____													
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							
						30. 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 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"/> 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 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				36. Place Of Injury (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. 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>ES Reddy</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: <i>Suresh Reddy, MD 8777 Broadway Merrillville IN 46410</i>						44. License Number <i>01038650</i>		45. Date Certified <i>2/2/09</i>					
46. Additional Funeral Service Provider:						47. *Akas:							
48. Signature of Local Health Officer: <i>Ray A. Bobrook MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year) <i>February 5, 2009 11:00</i>							

STATE OF INDIANA
RECORDS DIVISION
FILED
OCT 13 2010
MUNCIE, IN

FILED
OCT 13 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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