



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 3223-10

State No.

1. Decedent's Legal Name (First, Middle, Last) GEORGE CHAMBERLAIN SR				1a. Maiden Last Name (If Female)		2. Sex M	3. Time Of Death 12:46A.M.	4. Date Of Death (Month/Day/Year) AUGUST 24, 2010			
5. Social Security Number 426-54-9569	6a. Age Yrs 81	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 17, 1928		8. Birthplace (City And State Or Foreign Country) GRENADA, MISS			
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) SOUTHLAKE METHODIST HOSPITAL											
12. City Or Town, State, And Zip Code MERRILLVILLE, INDIANA, 46410				13. County Of Death LAKE		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 DAISY CHAMBERLAIN			15a. (If Wife) Give Maiden Last Name WILLIS			16. Decedent's Usual Occupation Kind Of Business/Industry WELDER FACTORY					
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number 1985 LOUISANA STREET		19. Decedent's Education 8th grade or less		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race Black or African American					
22. Father's Name (First, Middle, Last) GEORGE CHAMBERLAIN				23. Mother's Name (First, Middle, Last) VONNIE CHAMBERLAIN		23a. Mother's Maiden Last Name MISNER					
24. Informant's Name DAISY CHAMBERLAIN		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1985 LOUISANA STREET GARY, INDIANA, 46404							
25a. Method Of Disposition: <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) EVERGREEN MEMORIAL PARK		25c. Location - City, Town, And State HOBART, INDIANA							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility POWELL-COLEMAN FUNERAL HOME 3200 W. 15TH AVE GARY, INDIANA, 46404									
27b. Signature Of Indiana Funeral Service Licensee: <i>Bonnie E. Suggles</i>						27c. License Number (Of Licensee) FD09200084					
Cause Of Death (See Instructions And Examples)											
28. Part I. Enter The <u>Chain Of Events</u> —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. <i>Congestive Heart Failure</i>											
B. <i>End-stage Renal Disease</i>											
C. <i>Prostate cancer</i>											
D. <i>chronic lymphocytic leukemia</i>											
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 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 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				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)				38c. Apt. No.		38d. Zip Code	
38. Location Of Injury - State		38a. City Or Town 055468		FILED							
39 Describe How Injury Occurred		OCT 18 2010				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>Isidora L. Nantes</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: ISIDORA L. NANTES MD 251 W. 84th Drive Merrillville, IN 46410						44. License Number 01044666		45. Date Certified 8-26-10			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature Of Local Health Officer: <i>William W. Butts, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <i>September 10, 2010</i>					

LOT 17 BI 3 POLASKI VILLAGE

2010 OCT 18 AM 11:04
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHIGAN RECORDS