



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3954-10

45-08-21-303-004 000-004

State No.

1 Decedent's Legal Name (First, Middle, Last) Robert L. Cain				1a Maiden Last Name (If Female) N/A		2 Sex Male	3 Time Of Death 3:00 am	4 Date Of Death (Month/Day/Year) November 5, 2010			
5 Social Security Number 304-48-1880		6a Age - Yrs 67	6b Under 1 Year	6c Under 1 Month	6d Under 1 Day	6e Under 1 Hour	7 Date Of Birth (Month/Day/Year) May 4, 1943		8 Birthplace (City And State Or Foreign Country) Plaquemine, Louisiana		
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10 If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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) Methodist Hospital Southlake											
12 City Or Town, State, And Zip Code Merrillville, Indiana					13 County Of Death Lake		14 Marital Status At Time Of Death <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15 Surviving Spouse's Name NO			15a (If Wife) Give Maiden Last Name N/A			16 Decedent's Usual Occupation Operator Technician		17 Kind Of Business/Industry LTV Steel Corp.			
18 Residence - State Indiana		18a County Lake		18b City Or Town Gary			18c Apt. No.	18e Zip Code 46408	18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16c Street And Number 3449 Johnson Street				18d Apt. No.	18e Zip Code 46408	18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2010-07-09 905			
19 Decedent's Education 12th Grade			20 Decedent Of Hispanic Origin NO			21 Decedent's Race Black					
22 Father's Name (First, Middle, Last) Manuel Cain Sr.				23 Mother's Name (First, Middle, Last) Lillie Mae Cain			23a Mother's Maiden Last Name Holland				
24 Informant's Name Lethenius Cain		24a Relationship To Decedent Nephew		24b Mailing Address (Street And Number, City, State, Zip Code) 1741 Dale Drive Merrillville, Indiana 46410							
25 Place Of Disposition											
25a Method Of Disposition: <input checked="" type="checkbox"/> Burial <input 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) November 11, 2010 Evergreen Cemetery			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 Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404					27a Funeral Home License Number: 83007704				
27b Signature Of Indiana Funeral Service Licensee: <i>Agnes Adkins</i>					27c License Number (Of Licensee): #20500009						
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>RESPIRATORY FAILURE</u> Due To (Or As A Consequence Of) 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. _____ Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Approximate Interval: Onset To Death											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause. FILED											
29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					30 Were Autopsy Findings Available To Complete 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 Within 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) PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR			37 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38 Zip Code		
38 Location Of Injury - State		38a City Or Town		38b Street Or Number			38c Apt. No.	38d Zip Code			
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>[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 Dr. Ruyesh Shah 202 E. 85th Place Merrillville, IN 46410						44 License Number 0700206		45 Date Certified 11/11/10			
46 Additional Funeral Service Provider:						47 *Akas:					
48 Signature, Local Health Officer: <i>Susan J. But. D.O.</i>						49 For Registrar Only - Date Filed (Month/Day/Year) November 12, 2010					