\(\)

61 20 4 4 2 2 2

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No						State No					
Decedent's Legal Name (First Middle, Last		2. Sex 3 Time Of Death 4 Date Of Death (Month/Day/Year)									
Charles Evans Pa				-		M	9:25	-		. 30, 2009	
5 Social Security Number 6a Age – Yr 307–01–7011 92	6b Under 1 Year Months	6c Under 1 Month Days	6d Under 1 Day	6e Under 1 H		of Birth (Month/Da 29 , 19		8 Birthplace (Cit		Or Foreign Country)	
9 Ever In U.S. Armed Forces? 10. If	10a If Death	Ja If Death Occurred Somewhere Other Than A Hospital									
Yes No Unknown In It It It Facility Name (If Not Institution, Give Street)		Department Outpatient	Dead On Arrival	M Hospice	Facility 🔲 Decedent's Ho	ome 🗌 Nursing F	lome/Long-Τε	erm Care Facility	Other (S	pecify)	
VNA Hospice Cent	er			13	County Of Death		1	14 Mantal Status	s At Time Of	Death	
Valparaiso, IN 46383					Porter				☐ Married, But Separated ☐ Divorced		
					16 Decedent's Usual Occ				☐ Widowed ☐ Never Married ☐ Unknown 17 Kind Of Business/Industry		
Goldie E. Patteson Cham						eelworker		Steel Natufacture			
18 Residence – State 18a. County				18b. City Or Town						0	
Indiana		Lake		Hob	art				0		
18c Street And Number						18d A	pt No	18e Žip	Code	18f Inside City Limits?	
236 S. Californi					46342						
19 Decedent's Education 20. Decedent Of i				21 Decedent's Race				7			
High School Graduate No 22 Father's Name (First, Middle, Last)				Caucasian 23 Mother's Name (First, Middle, Last)				23a Momer - Maiden Last Name			
6											
Griesser Winston 24 Informant's Name	ie Carrie Patteson Bock alling Address (Street And Number, City, State, Zip Code)										
Charlene E. Walker Daughter 3900 Willow St., Hobart, IN 46342											
-25a. Method Of Disposition	25b Plac	ce Of Disposition (Name Of		lace Of Dispo y, Other Place)		- City, Town, An	d State				
Other (Specify)						, IN			20		
26 Was Coroner Contacted? 27 Name And Complete Address Of Funeral Facility 27 Name And Complete Address Of Funeral Facility											
Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342											
27b Signature Of Indiana Funeral Service Licensee						FD20700059					
Alimes &	Herrs					FD20	70005	95	N	<u> </u>	
28 Part I Enter The <u>Chain Of Events</u> Such As Cardiac Arrest, Respiratory A A Line Add Additional Lines If Neces	rrest. Or Ventricular	, Or Complications—T Fibrillation Without Sho	hat Directly Cause owing The Etiolog	ed The Death, y Do Not Ab	breviate Enter Only	nal E	L	EU	A	Approximate Interval Onset To-Death	
Immediate Cause (Final Disease Or C	ondition Resulting In	Death A	Veme	VVI	Due To (Or As A	Consequence	C 01	2010			
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last C D			·								
			Due [∓] o (Or			LAKE COUNTY AUDITOR					
Part II Enter Other Significant Conditions Co	ntributing To Death But N		ying Cause Given In F	Part I	25 VVa5 AII A	Autopsy Performed	΄ [∃Yes 🗷 No)		
					30 vvere Aut	_			. Or Death /	☐ Yes ☐ 110	
31 Did Tobacco Use Contribute To Death? 32 If Female 150 Probably 150 Disknown 150 Prognant Within Past Year Prognant A								33 Manner Of Death 23 Natural			
34 Date Of Injury (Month/Day/Year)	☐ Not Pro	egnant, Bul Pregnant 43 Days To	1 Year Before Death	Unknown If Pregr	nant Within The Past Year G Decedent's Home Co	□ Su	cide 🔲 Coultd I	Not Be Determined		7 Injury At Work?	
, , , , , , , , , , , , , , , , , , , ,	35 71110		1	,, (2				,		Yes 110	
38 Location Of Injury - State 38a City Or Town 38b S				reet & Number 3 (1)				38c Apt No	38d	Zio Code	
31- Describe How Injury Occurred						40	If Transporta	ation Injury, Speci	ıfy	- P / I	
38 Describe How injury Occurred							Discr/Operator	□ Passenger □	Pedestran	Other (Specify)	
4: Signature Of Person Certifying Cause Of Death						42 Certifier (Check Only One)					
Olaye Son Mi						Z Certifying Physician ☐ Corone ☐ Health Officer [44 License Number					
43 Lame Address And Zip Code Of Pe	, ,		n. t							i.i. / . /	
George Sloan, MI 46 Additional Funeral Service Provider	8127 Me	rrillville	Rd., Me	erril <u>lv</u>	ville, IN	46410	47 *Akas	5911 C	17	10/1/04	
48 Signature of Local Health Officer	E .					9 For Registrar	Only - Date i	Filed (Month/Day/	(Year)		
Hary A. Babeske on						Octabur 2, 2009					
State Form 10110 (R7/9-07) ATTENTION ESTATE	The Social Security # is being r	requested by this state agency in o	order to pursue its statutory	responsibility Disc	losure is voluntary and there will	1975	THE RECOR	RDS IN THIS SERIES	ARE CONFIDE	NTIAL PER IC 16-3 7-1-10	