



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2292-09

State No. _____

1. Decedent's Legal Name (First, Middle, Last) David H. Collins		1a. Maiden Last Name (If Female) ---		2. Sex M	3. Time Of Death 7:42 p.m.	4. Date Of Death (Month/Day/Year) June 20, 2009	
5. Social Security Number 316-36-5453	6a. Age - Yrs 71	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) Feb. 8, 1938	8. Birthplace (City And State Or Foreign Country) Rhineland, WI
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 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 checked="" 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) 534 E. 37th Ave., Lot 353							
12. City Or Town, State And Zip Code Hobart, IN 46342				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 Rose M. Collins		15a. (If Wife) Give Maiden Last Name Cory		16. Decedent's Usual Occupation Machinist		17. Kind Of Business/Industry Agriculture	
8. Residence - State Indiana		16a. County Lake		16b. City Or Town Hobart		16c. Zip Code 46342	
18c. Street And Number 534 E. 37th Ave., Lot 353		18d. Apt No		18e. Zip Code 46342		18f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Decedent's Education High School Graduate		20. Decedent Of Hispanic Origin No		21. Decedent's Race White			
22. Family Name (First, Middle, Last) Theodore Collins			23. Mother's Name (First, Middle, Last) Hilda Collins		23a. Mother's Maiden Last Name Kowely		
24. Informant's Name Rose M. Collins		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 534 E. 37th Ave., Lot 353, Hobart, IN 46342			
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				28. Funeral Home License Number IN 83002380	
29a. Signature Of Indiana Funeral Service Licensee James E. Burns				29b. License Number (Of Licensee) FD20700059			
28. Cause Of Death (See Instructions And Examples) Enter The <u>Begin</u> 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 Adenocarcinoma of lungs B Pneumatory failure C Arteriosclerotic disease of Vascular dual and D Chronic Obstructive Pulmonary Disease several years 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. Enter Other Significant Conditions Contributing To Death, But Not In The Underlying Cause Given In Part I. 30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Toxic Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of 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) JUN 20 2009	
34. Location Of Injury - State IN		34a. City Or Town Hobart		34b. Street & Number 534 E. 37th Ave.		34c. Zip Code 46342	
39. Describe How Injury Occurred ...				40. If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) 030745			
41. Signature Of Person Certifying Cause Of Death AW Willardo, MD				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 Albert Willardo, MD 7150 Indianapolis Blvd., Hammond, IN 46324				44. License Number IN 0102054		45. Date Certified 6-25-09	
46. Additional Funeral Service Provider				47. Access			
48. Signature Of Local Health Officer ...				49. For Registrar Only - Date Filed (Month/Day/Year) June 26, 2009			

FILED
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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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