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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-13-09-328-011-000-044

Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) Everett L. Lamb				1a. Maiden Last Name (If Female)		2. Sex M		3. Time Of Death 10:02 p.m.		4. Date Of Death (Month/Day/Year) March 4, 2010	
5. Social Security Number 317-20-8753		6a. Age - Yrs -82		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) May 15, 1927				8. Birthplace (City And State Or Foreign Country) Gary, IN							
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 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 checked="" 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) VNA Hospice Center											
12. City Or Town, State, And Zip Code Valparaiso, IN 46383						13. County Of Death Porter			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 Mary Jane Lamb				15a. (If Wife) Give Maiden Last Name Garrett		16. Decedent's Usual Occupation Tin Roller			17. Kind Of Business/Industry Steel Manufacture		
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Hobart					
18c. Street And Number 9227 Norris Drive						18d. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School Graduate			20. Decedent Of Hispanic Origin No			21. Decedent's Race Caucasian					
22. Father's Name (First, Middle, Last) Everett Lamb				23. Mother's Name (First, Middle, Last) Ruby Lamb Bazik				23a. Mother's Maiden Last Name Dailo			
24. Informant's Name Mary Jane Lamb			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 9227 Norris Drive, Hobart, IN 46342					
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) Calumet Park Cemetery				25c. Location - City, Town, And State Merrillville, 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 46342						27a. Funeral Home License Number: FH83002380			
27b. Signature Of Indiana Funeral Service Licensee: <i>James F. Burns</i>						27c. License Number (Of Licensee): FD01009461					
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. <i>renal failure</i> Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ 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											
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 type="checkbox"/> No <input checked="" 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 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				36. Place Of Injury (E.G., 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 056857				38b. Apt. No.		38c. Zip Code	
39. Describe How Injury Occurred DEC 22 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>M. A. Maher</i>						42. Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Maher Ajam, MD 9229 Taft St., Merrillville, IN 46410						44. License Number 01-35956A		45. Date Certified 3-9-10 CS			
46. Additional Funeral Service Provider						47. *Akas:					
48. Signature Of Local Health Officer: <i>Harry A. Gebroka MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): March 10, 2010					

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MERRILLVILLE INDIANA
FILED
APPROXIMATE ONSET TO DEATH
1/10/10

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR