

**CERTIFICATE OF DEATH**

Local No **000161**

EDR No **000000193891**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>AARON HAYWOOD</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>10:45 PM</b>		4. Date Of Death (Month/Day/Year) <b>04/09/2011</b>		
5. Social Security Number <b>420-64-6371</b>		6a. Age - Yrs <b>64</b>		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) <b>06/26/1946</b>		8. Birthplace (City and State or Foreign Country) <b>DEMOPOLIS, AL</b>										
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										
11. Facility Name (If Not Institution, Give Street and Number) <b>1345 BURR STREET</b>												
12. City Or Town, State, And Zip Code <b>GARY, IN, 46406</b>						13. County Of Death <b>LAKE</b>			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 <b>PEGGY HAYWOOD</b>				15a. (If Wife) Give Maiden Last Name <b>GINN</b>				16. Decedent's Usual Occupation <b>CRANEMAN</b>		17. Kind Of Business/Industry <b>INLAND STEEL CORP</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>GARY</b>			18d. Apt. No.		18e. Zip Code <b>46406</b>	
18c. Street And Number <b>1345 BURR STREET</b>												
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>Black or African American</b>				
22. Father's Name (First, Middle, Last) <b>ALBERT HAYWOOD</b>				23. Mother's Name (First, Middle, Last) <b>CORINE HAYWOOD</b>				23a. Mother's Maiden Last Name <b>GRANT</b>				
24. Informant's Name <b>PEGGY HAYWOOD</b>				24a. Relationship To Decedent <b>WIFE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1345 BURR STREET, GARY, IN 46406</b>				
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) <b>EVERGREEN MEMORIAL PARK</b>				25c. Location - City, Town, And State <b>HOBART, IN</b>								
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>				27a. Funeral Home License Number: <b>FH83007704</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>TAQUIA BLEVINS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20500009</b>						
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. <b>METASTATIC ADENOCARCINOMA OF THE PANCREAS TO LYMPH NODES AND LIVER</b> Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Approximate Interval: Onset To Death <b>8 MONTHS</b>												
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>NONE</b>												
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were Autopsy Finding Available To Complete The 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 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 checked="" type="checkbox"/> No				38. Location Of Injury - State				38a. City Or Town				
38b. Street 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: <b>BARBARA L FULLER, BY ELECTRONIC SIGNATURE</b>						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: <b>BARBARA L FULLER, 801 MACARTHUR BLVD, SUITE 401, MUNSTER, IN 46321</b>						44. License Number <b>01034701A</b>		45. Date Certified <b>04/11/2011</b>				
46. Additional Funeral Service Provider												
47. *Akas:												
48. Signature of Local Health Officer: <b>RICARDO HOOD, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 12 2011</b>						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

**Document is NOT OFFICIAL**

**STOP**

**FILED**

**MAY 11 2011**

**PEGGY HOLINGA KATONA**

**LAKE COUNTY AUDITOR**

Parcel # 45-07-12-255-006.000-004

**026691**