INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-17-16-251-001-000-044
45-17-31-131-009-000-044

Local No 000811 EDR No 000000188237 State No 011165

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
CHARLES W HAVENS		MALE	05:46 AM	03/11/2011

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
317-36-7979	73	Months	Days	Hours	Minutes	09/17/1937	GARY, IN

9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown
10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival
10a. If Death Occurred Somewhere Other Than A Hospital ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): ST ANTHONY MEDICAL CENTER OF CROWN POINT

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
CROWN POINT, IN, 46307	LAKE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife)Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
GERTRUDE E HAVENS	ARAGON	MANAGER	MANUFACTURING

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	CROWN POINT

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
3341 WINDYHILL ROAD		46307	☐ Yes ☒ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
CHARLES L HAVENS	MARY LOU HAVENS	GARRETT

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
BRIANNA ANGELINI	GRANDDAUGHTER	3797 KINGSWAY DRIVE, CROWN POINT, IN 46307

2011 027883

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	NORTHWEST INDIANA CREMATION	CROWN POINT, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307	FH83002445

27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS , BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD20700059

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Cause Of Death (See Instructions And Examples)

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.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death) A.	VENTRICULAR ARRHYTHMIA	30 MINUTES
Due to (Or As A Consequence Of): B.	MULTI ORGAN SYSTEM FAILURE	2 WEEKS
Due to (Or As A Consequence Of): C.	NON HODGKINS LYMPHOMA	5 YEARS
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

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Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I
29. Was An Autopsy Performed? ☐ Yes ☒ No
30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT MAR 16 2011 · SEAL · INDIANA

41. Signature, Of Person Certifying Cause Of Death: ELIZABETH PRZENICZNY , BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Heath Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ELIZABETH PRZENICZNY , 5265 COMMERCE DRIVE SUITE D, CROWN POINT, IN 46307
44. License Number: 01033089
45. Date Certified: 03/14/2011
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): MAR 15 2011

FILED

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

MAY 18 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
052878

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

11.00 CS YM