



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 31663-09

45-07-10-157-002.000-023

State No.

1. Decedent's Legal Name (First, Middle, Last) CHESTER PAUL GLOVER		12. Maiden Last Name (If Female) N/A		2. Sex M		3. Time Of Death 4:43 AM		4. Date Of Death (Month/Day/Year) OCTOBER 27, 2009	
5. Social Security Number 366-16-8123		6a. Age, Yr 83		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) AUGUST 26, 1926		8. Birthplace (City And State Or Foreign Country) MOUNT VERNON, ILLINOIS					
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				14a. If Death Occurred Somewhere Other Than A Hospital: <input 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) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name N/A			16. Decedent's Usual Occupation FOREMAN		17. Kind Of Business/Industry STEEL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND					
18c. Street And Number 6809 ILLINOIS AVE.					18d. Apt. No. N/A		18e. Zip Code 46326		18f. Mailed City/County <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education Some college credit, but no degree			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) MERRILL SANFORD GLOVER				23. Mother's Name (First, Middle, Last) VIOLA RUTH GLOVER			24. Mother's Maiden Last Name HAYS		
25. Decedent's Name PAULA LEE NEWTON			25a. Relationship To Decedent DAUGHTER			25b. Mailing Address (Street And Number, City, State, Zip Code) 266 NORTH MICHIGAN AVE. HOBART, INDIANA 46342			
25c. Method Of Disposition: <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25d. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS		25e. Place Of Disposition is		25f. Location - City, Town, And State SCHERERVILLE, INDIANA			
26. Will Carrier Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME, 8178 SOUTH CLINE AVENUE, SCHERERVILLE, INDIANA 46376							
27a. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>					27b. License Number Of Licensee FD08900181				
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. Respiratory Failure B. Infection C. Renal Failure D. Prostate Cancer Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
29. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					30. Were Any Injury Patterns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Date Of Injury (Month/Day/Year) MAY 24 2011					32. Were Any Injury Patterns Affecting The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
33. Date Of Injury (Month/Day/Year) MAY 24 2011		33a. 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"/> Unknown If Pregnant Within The Past Year		34. 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			35. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36. Location Of Injury - State INDIANA		36a. Name Of Person Certifying Cause Of Death PEGGY HOLINGA KATON			36b. Address And Zip Code Of Person Certifying Cause Of Death LAKE COUNTY AUDIT			36c. License Number 01046859A	
37. Description (How Injury Occurred)		38. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			39. Signature (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			40. Date Certified 10-27-09	
41. Signature Of Person Certifying Cause Of Death <i>[Signature]</i>					42. Date OCT 27 2009				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WADDAM AHADAB M.D. 7400 COLUMBIA AVE. HAMMOND, IN 46329					44. License Number 01046859A				
45. Additional Funeral Service Provider:					46. Signature Of Local Health Officer: <i>[Signature]</i>				
47. Date October 27, 2009					48. For Registrar Only - Date Filed (Month/Day/Year): October 27, 2009				

Document is the property of the Lake County Recorder!

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MAY 24 2011
AM 10:30
LAKE COUNTY RECORDER

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LAKE COUNTY AUDIT



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