



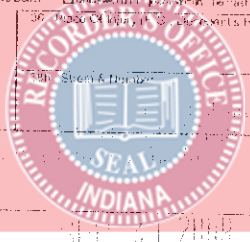
INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 3052-09 State No. 45-09-30-355-010.000.018

1. Decedent's Legal Name (First, Middle, Last) <b>ROBERT D. CLAXTON</b>		1a. Maiden Last Name (if female)		2. Sex <b>Male</b>	3. Time Of Death <b>3:17 am</b>	4. Date Of Death (Month/Day/Year) <b>August 13, 2009</b>	
5. Social Security Number <b>422-40-9233</b>	6a. Age - Yes <b>78</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>July 22, 1931</b>	8. Birthplace (City And State Or Foreign Country) <b>Athens, Alabama</b>
9. Free 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"/> Died On Arrival		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Home Facility <input type="checkbox"/> Doctor's Home <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not In Section 10, Give Street And Number) <b>Methodist Hospital Southlake</b>							
12. City Or Town, State, And Zip Code <b>Merrillville, Indiana 46410</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>Ruth Claxton</b>		15a. If Widowed Maiden Last Name <b>Davenport</b>		16. Decedent's Usual Occupation <b>Steelworker</b>		17. Kind Of Business/Industry <b>Steel</b>	
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Hobart</b>		18c. Apt. No.	
18d. Street And Number <b>141 N. Cavender St.</b>		18e. Zip Code <b>46342</b>		18f. House Or Apt. Type? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>High School Graduate or GED</b>	
20. Decedent Of Hispanic/Latino Origin <b>No</b>		21. Decedent's Race <b>White</b>		22. Father's Name (First, Middle, Last) <b>Robert Lurel Claxton</b>		23. Mother's Name (First, Middle, Last) <b>Ida Bell Claxton Davis</b>	
24. Informant's Name <b>Ruth Claxton</b>		24a. Relationship To Decedent <b>Wife</b>		25. Mailing Address (Street And Number, City, State, Zip Code) <b>141 N. Cavender St., Hobart, IN 46342</b>			
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>Roselawn Cemetery</b>		25c. Location - City, Town, And State <b>Athens, Alabama</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Home <b>Rces Funeral Home, 600 West Old Bldg Rd, P.O. Box 468, Hobart, Indiana 46342</b>				28. General Phone License Number <b>833093069</b>	
27a. Signature Of Indiana Funeral Service Licensee <i>James J. Brause</i>		27b. License Number (If Applicable) <b>FD01006463</b>		28. Date Of Death (Month/Day/Year) <b>2009 MAY 27 PM 2:57</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>Pneumonia</b> B. <b>End Stage Renal Disease</b> C. <b>Septic Renal Cell Carcinoma</b>							
Part II. Enter Other Significant Conditions Contributing To Death That Not Resulting In Death. Cause Given In Part I. <b>Diabetes Mellitus</b>							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female <input type="checkbox"/> Pregnant <input type="checkbox"/> Post Partum <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Pregnant 45 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant But Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant But Pregnant Within 42 Days Of Death		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) <b>MAY 27 2011</b>	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (If Not At Home, Give Street, City, State, Zip Code) <b>LAKE COUNTY AUDITOR</b>		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State <b>Indiana</b>		38a. City Or Town		38b. Street & Number		38c. Apt. No.	
38d. Zip Code		39. Describe How Injury Occurred <b>LAKE COUNTY AUDITOR</b>		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>Isidora Nantes</i>		42. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>Isidora Nantes, MD, 251 W. 84th Rd. Merrillville, Indiana 46410</b>		43. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01044666</b>	
45. Date Certified <b>9-21-09</b>		46. Additional Funeral Service Provider		47. *Atus		48. Signature of Local Health Officer <i>Susan J. Best, D.O.</i>	
49. For Registrar Only - Date Filed (Month/Day/Year) <b>September 21, 2009</b>							

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MAY 27 2011

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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