



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 000205

45-67-01-252-023-000  
004

State No. 2011 AUG 15 PM 2:03

1. Decedent's Legal Name (First, Middle, Last) Eddie W. Stewart				1a. Maiden Last Name (If Female)		2. Sex Male		3. Time Of Death 10:52 AM		4. Date Of Death (Month/Day/Year) August 5, 2010			
5. Social Security Number 317-42-8061		5a. Age - Yrs 69		5b. Under 1 Year Months		5c. Under 1 Month Days		5d. Under 1 Day Hours		5e. Under 1 Hour Minutes			
6. Date Of Birth (Month/Day/Year) November 29, 1940				7. Birthplace (City And State Or Foreign Country) MACON, MISSISSIPPI									
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				10. If Death Occurred In A Hospital: <input checked="" 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 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) St. Catherine's Hospital													
12. City Or Town, State, And Zip Code East Chicago, Indiana 46312						13. County Of Death Lake			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 Bobbie J. Stewart				15a. (If Wife) Give Maiden Last Name Crayson				16. Decedent's Usual Occupation Steel Mill Worker		17. Kind Of Business/Industry LTV Steel Company			
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Gary			18c. Street And Number 5242 West 3rd Place				
18d. Apt. No.			18e. Zip Code 46406			18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18g. Telephone Number				
19. Decedent's Education 11th Grade				20. Decedent Of Hispanic Origin Non-Hispanic				21. Decedent's Race African American					
22. Father's Name (First, Middle, Last) John Stewart						23. Mother's Name (First, Middle, Last) Theresa Stewart			23a. Mother's Maiden Last Name				
24. Informant's Name Bobbie Stewart				24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 5242 West 3rd Place Gary, Indiana 46406							
25. Place Of Disposition Evergreen Memorial Park Hobart, Indiana													
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)				25c. Location - City, Town, And State							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell & Warner Funeral Home 4209 Grant Street Gary, Indiana 46408						27a. Funeral Home License Number: FH10500021					
27b. Signature Of Indiana Funeral Service Licensee: <i>Lela L. King</i>						27c. License Number (Of Licensee): FD21000045							
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. Ruptured Left Common Iliac Artery Aneurysm B. Squamous cell carcinoma lung C. COPD D. Hypertension Approximate Interval: Onset To Death													
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 checked="" type="checkbox"/> Probably <input 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"/> Unknown If Pregnant Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before 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)				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		38b. Street & Number		38c. Apt. No.	
38d. Zip Code				39. Describe How Injury Occurred CASH 11/12/13				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>R. Hood</i>						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: Ricardo Hood, mm 1313 W Chicago Ave IN. 46312						44. License Number 01036132		45. Date Certified 8/16/2010					
46. Additional Funeral Service Provider:						47. *Akas:							
48. Signature of Local Health Officer: <i>Gina Bonhuk Abornika MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): 8/19/10							



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AUG 15 2011

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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