



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002493

EDR No 00000213712

State No 035934

1. Decedent's Legal Name (First, Middle, Last) ROBERT M GOWEN				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:30 PM	4. Date Of Death (Month/Day/Year) 08/10/2011	
5. Social Security Number 143-32-1194		6a. Age - Yrs 70	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) 01/13/1941		8. Birthplace (City and State or Foreign Country) CHICAGO, IL
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				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" 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) 10750 SPYGLASS COURT					12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307			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 LANA M GOWEN		15a. (If Wife) Give Maiden Last Name BAUMAN		16. Decedent's Usual Occupation SALES MANAGER		17. Kind Of Business/Industry FABRICATING ENGINEER
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				22. Father's Name (First, Middle, Last) ROBERT H GOWEN	
23. Mother's Name (First, Middle, Last) KATHERINE GOWEN		23a. Mother's Maiden Last Name MARTIN		24. Informant's Name LANA GOWEN		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 10750 SPYGLASS COURT, CROWN POINT, IN 46307	
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) GEISEN CREMATION CENTRE			25c. Location - City, Town, And State CROWN POINT, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL HOME, CROWN POINT, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307				27a. Funeral Home License Number: FD09000013		27b. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE	
27c. License Number (Of Licensee): FD09000013		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. LUNG CANCER 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 B. COPD C. DIABETIC D. TIA							
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I LUNG CANCER		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 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"/> 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"/> Suggests 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, A Trunk, Injury At Work?) LAKE COUNTY HEALTH DEPARTMENT					
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 Transported, 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: BRETT ALAN BRECHNER, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 02002495A		45. Date Certified 08/17/2011			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: BRETT ALAN BRECHNER, 9150 E. 109TH AVE. SUITE 2A, CROWN POINT, IN 46307		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): AUG 18 2011							

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

AUG 25 2011

45-17-04-302-007-000-047

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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