

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 2550-08

45-16-05-157006.000-042

State No

1. Decedent's Legal Name (First, Middle, Last) Giles Wilson Hall			1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time of Death 8 :30 PM	4. Date of Death (Month/Day/Year) July 11, 2008	
5. Social Security Number 311-26-2929	6a. Age - Yrs 76	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) April 11, 1932		8. Birthplace (City And State Or Foreign Country) Crown Point, IN
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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. Anthony Medical Center								
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 Carolyn Sue Hall		15a. (If Wife) Give Maiden Last Name Meyers		16. Decedent's Usual Occupation Owner		17. Kind Of Business/Industry Construction		
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
18c. Street And Number 405 Martin Dr.		19. Decedent's Education 12		20. Decedent Of Hispanic Origin N/A		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) George Hall			23. Mother's Name (First, Middle, Last) Dorothy Hall			23a. Mother's Maiden Last Name Young		
24. Informant's Name Carolyn Sue Hall		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 405 Martin Dr. Crown Point, IN 46307-				
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) Maplewood Memorial Cemetery		25c. Location - City, Town, And State Crown Point, Indiana				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen Funeral Centre 606 E. 113th Ave. Crown Point IN 46307-					27a. Funeral Home License Number FH0700031	
27b. Signature Of Indiana Funeral Service Licensee: <i>Michelle L Katonas</i>					27c. License Number (Of Licensee): FD29700007			
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. SEPTIC SHOCK Due To (Or As A Consequence Of): B. Recurrent mesenteric ischemic Due To (Or As A Consequence Of): C. Peritonitis Due To (Or As A Consequence Of): D. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I								
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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, 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"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year) SEP 01 2011		35. Location Of Injury - State SEP 01 2011		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) SEP 01 2011		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR					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>Brendan J. Frawley Jr MD</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: Brendan Jr. Frawley, M.D. 7895 Grand Blvd, Hobart, IN 46342					44. License Number 002955		45. Date Certified 01048451 7/11/08	
46. Additional Funeral Service Provider:					47. *Akas: 1/00			
48. Signature of Local Health Officer: <i>Susan W Best D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year): July 16, 2008			