



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1033527

Local No 000044

EDR No 00000304485

State No

1. Decedent's Legal Name (First, Middle, Last) ERICH CHRISTOPHER BEARD				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:13 PM	4. Date Of Death (Month/Day/Year) 01/28/2013		
5. Social Security Number 310-78-1450	6a. Age - Yrs 39	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) 01/28/1974		8. Birthplace (City and State or Foreign Country) GARY, IN		
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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify) STREET				
11. Facility Name (If Not Institution, Give Street and Number) 1209 TAFT STREET										
12. City Or Town, State, And Zip Code GARY, IN, 46404				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 LATOYA BEARD			15a. (If Wife) Give Maiden Last Name SHERLS		16. Decedent's Usual Occupation SALESMAN		17. Kind Of Business/Industry MAMA'S GOURMET MEAT			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46407	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 Black or African American							
22. Father's Name (First, Middle, Last) JOSEPH BEARD				23. Mother's Name (First, Middle, Last) BERNICE DILLARD			23a. Mother's Maiden Last Name SNELLING			
24. Informant's Name LATOYA BEARD		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1720 MISSISSIPPI STREET APT 223, GARY, IN 46407						
25. Place Of Disposition										
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) OAK HILL CEMETERY			25c. Location - City, Town, And State GARY, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404					27a. Funeral Home License Number: FH83007704			
27b. Signature Of Indiana Funeral Service Licensee: PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700298				
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. GUNSHOT WOUND TO BODY				Due to (Or As A Consequence Of):		UNKNOWN
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.				Due to (Or As A Consequence Of):		
				C.				Due to (Or As A Consequence Of):		
				D.				Due to (Or As A Consequence Of):		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Natural <input checked="" 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) 01/28/2013		35. Time Of Injury 07:13 PM		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) STREET			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State INDIANA		38a. City Or Town GARY		38b. Street & Number 1209 TAFT STREET		38c. Apt. No.	38d. Zip Code 46407-0000			
39. Describe How Injury Occurred						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: GEORGE DELIPOULOS, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GEORGE DELIPOULOS, 2900 W. 93RD AVENUE, CROWN POINT, IN 46307						44. License Number		45. Date Certified 01/31/2013		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 31 2013				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										

State Form 58399-0 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal. (7.05)

VOID IF ALTERED OR ERASED. NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT