

* ATTENTION STATE: The Social Security # is being required by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. _____

Local No. 098-05

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC-16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Joseph T. Baker		2. SEX Male	3a. TIME OF DEATH 5:10 PM	3b. DATE OF DEATH (Month, Day, Yr.) January 30, 2005
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (Years) 82	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		6. DATE OF BIRTH (Mo, Day, Yr.) October 30, 1922
9a. PLACE OF DEATH (Check only one. See instructions): <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		7. BIRTHPLACE (City and State or Foreign Country) Lowell, Indiana		
9b. FACILITY NAME (If not institution, give street and number) Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Munster, IN		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Nellie Warner		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Worker
12b. KIND OF BUSINESS/INDUSTRY Steel Manufacturing		13a. RESIDENCE-STATE Indiana		
13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Griffith		13d. STREET AND NUMBER 133 North Lafayette Street
13a. ZIP CODE 46319		13f. INSIDE-CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. AS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify: Cuban, Mexican, Puerto Rican, etc.)
16. RACE: American, Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 10 College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) George Baker		19. MOTHER'S NAME (First, Middle, Maiden Surname) Pearl Burton		
20a. INFORMANT'S NAME (Type/Print) Nellie Baker		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 133 North Lafayette Street, Griffith, IN 46319		20c. Relationship Wife
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 3, 2005 Chapel Lawn Memorial Gardens		21c. LOCATION-City or Town, State Schererville, IN
22a. EMBALMER'S NAME Jose Corona		22b. EMBALMER'S LICENSE NO. FD08601873		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>C.A. Kasper</i>		24b. LICENSE NUMBER (of Licensee) FD0101451		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322 RF110300021
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac Conditions if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF): Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): Coronary Artery Disease DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerosis DUE TO (OR AS A CONSEQUENCE OF): Hypertension DUE TO (OR AS A CONSEQUENCE OF): Diabetes Mellitus DUE TO (OR AS A CONSEQUENCE OF): Hyperlipidemia DUE TO (OR AS A CONSEQUENCE OF): Chronic Kidney Disease DUE TO (OR AS A CONSEQUENCE OF): Chronic Obstructive Pulmonary Disease DUE TO (OR AS A CONSEQUENCE OF): Chronic Ischemic Heart Disease DUE TO (OR AS A CONSEQUENCE OF): Chronic Heart Failure DUE TO (OR AS A CONSEQUENCE OF): Chronic Atrial Fibrillation DUE TO (OR AS A CONSEQUENCE OF): Chronic Hypertension DUE TO (OR AS A CONSEQUENCE OF): Chronic Diabetes Mellitus DUE TO (OR AS A CONSEQUENCE OF): Chronic Hyperlipidemia DUE TO (OR AS A CONSEQUENCE OF): Chronic Renal 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