

ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

O'Connor & Weigle, 5872 Sherman Ave., Hammond 46320
INDIANA STATE DEPARTMENT OF HEALTH
THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 961

CERTIFICATE OF DEATH

DEC. 12, 1994
Date Issued
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Charles Canamar, Jr.		2 SEX Male	3a. TIME OF DEATH 8:40 P.	3b. DATE OF DEATH (Month, Day, Yr.) December 8, 1994
4. SOCIAL SECURITY NUMBER 310-22-3613	5a. AGE—Last Birthday (Year) 63	5b. UNDER 1 YEAR 10 Months 22 Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) Jan. 16, 1931
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indian	8a. WAS DECEDENT A U.S. VETERAN? Yes Korean Conflict 1953		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1953	
8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				

DECEASED

9a. FACILITY NAME (If not institution, give street and number) 948 Willow Court	9c. CITY, TOWN OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake
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10. MARITAL STATUS (Specify) Divorced	11. SURVIVING SPOUSE (If wife, give maiden name) None	12a. DECEASED'S USUAL OCCUPATION (Specify) Maintenance Supervisor	12b. KIND OF BUSINESS/INDUSTRY City of Hammond
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13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hammond	13d. STREET AND NUMBER 948 Willow Court
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13a. ZIP CODE 46320	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> College (1-4 or 5+) 12th Grade, 1 year
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PARENTS

18. FATHER'S NAME (First, Middle, Last) Charles Canamar, Sr.	19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Avelis
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INFORMANT

20a. INFORMANT'S NAME (Type/Print) Denise H. Onate	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 948 Willow Court, Hammond, Indiana 46320	20c. Relationship Daughter
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DISPOSITION

21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other facility) December 13, 1994 Northwest Ind. Cremation Serv., Crown Point, Indiana	21c. LOCATION—City or Town, State Crown Point, Indiana
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22a. EMBALMER'S NAME E. Eugene Johnson	22b. EMBALMER'S LICENSE NO. FDO-1944968	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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24a. SIGNATURE OF FUNERAL DIRECTOR <i>E. Eugene Johnson</i>	24b. LICENSE NUMBER (of Licensee) FDO-1044968	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Huber's Funeral Home - FDH-3001538 905 W. Chgo. Ave., East Chgo, Ind.
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CAUSE OF DEATH

26. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) Due to arteriosclerotic heart and vascular disease b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I.	Approximate Interval Between Onset and Death Unknown
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27. WAS DECEDENT PREGNANT POSTPARTUM? (Yes or no) No	28. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
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CERTIFIER

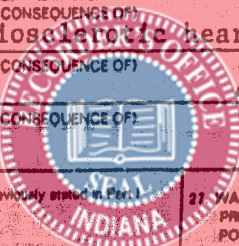
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. Deputy <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER <i>Kathy Philpot</i>	29c. MEDICAL LICENSE NO. N/A	29d. DATE SIGNED (Month, Day, Year) December 12, 1994
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HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Kathy Philpot, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307	32. DATE FILED (Month, Day, Year) DECEMBER 12, 1994
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33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) December 8, 1994	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			001425



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
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RECORDED

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