

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0531-95

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Arlene L. Gurgel		2 SEX Female	3a TIME OF DEATH 1:53 p.m.	3b DATE OF DEATH (Month Day Year) February 28, 1995
4 SOCIAL SECURITY NUMBER 322-30-4613	5a AGE—Last Birthday (Year) 57	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) July 12, 1937
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		8a PLACE OF DEATH (Check only one. See instructions)		
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? Not Applicable	HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A.		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence
9a FACILITY NAME (If not institution, give street and number) St. Anthony Medical Center		9b CITY, TOWN OR LOCATION OF DEATH Crown Point	9c COUNTY OF DEATH Lake	
10 MARRIAGE STATUS Married	11 SURVIVING SPOUSE (If not, give maiden name) John Gurgel	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machine Assistant	12b KIND OF BUSINESS/INDUSTRY Printing	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Cedar Lake	13d STREET AND NUMBER 13034 Polk Street	
14a ZIP CODE 46303	14b INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14c CITIZEN OF WHAT COUNTRY? USA	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 DECEDENT'S EDUCATION (Specify only highest grade completed) 11		18 FATHER'S NAME (First Middle Last) Adam Pinkus		
19 MOTHER'S NAME (First Middle Maiden Surname) Evelyn Johnson		20a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13034 Polk Street, Cedar Lake, IN 46303		
20b Relationship Husband		21a LOCATION—City or Town, State Schererville, Indiana		
21b DATE AND PLACE OF DEPOSITION (Name of cemetery, funeral home, or other place) March 3, 1995 Chapel Lawn Memorial Gardens		22a EMBALMER'S LICENSE NO. FD01007697		
22b LICENSE NUMBER (of Licensee) FD01007697		23 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BURDAN FUNERAL HOME FH83002461 12902 W. 116 Ave. Cedar LK, IN 46303		
24 SIGNATURE OF FUNERAL DIRECTOR <i>William E. Burdan</i>		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BURDAN FUNERAL HOME FH83002461 12902 W. 116 Ave. Cedar LK, IN 46303		
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. Myocardial collapse to arteriosclerotic heart disease vascular disease		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		
28 PART II Other agencies considered in determining cause of death but not previously stated in Part I. <i>Alexander B. Hillings, M.D. LAKE COUNTY HEALTH COMMISSIONER</i>		29a MEDICAL LICENSE NO. N/A		
29b DATE SIGNED (Month Day, Year) March 6, 1995		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307		
31 HEALTH OFFICER'S SIGNATURE <i>Alexander B. Hillings, M.D.</i>		32 DATE FILED (Month Day, Year) March 7, 1995		
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 TIME OF INJURY (Month Day, Year)	34b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34c DESCRIBE HOW INJURY OCCURRED 001071
34d DATE PRONOUNCED DEAD (Month Day, Year) February 28, 1995		34e MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		

24-68-2
24-6719-110

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SAM OHLICH
LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
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MARGARET CLARK
RECORDER

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