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PORTER COUNTY BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

STATE OF INDIANA LAKE COUNTY # 39-239-9

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) William F. Drake Male 3a TIME OF DEATH 19:20pm 3b DATE OF DEATH (Month, Day, Yr) November 27, 1992

DECEDENT

8a. FACILITY NAME (If not institution, give street and number) Porter Memorial Hosp 8b. CITY, TOWN, OR LOCATION OF DEATH Valparaiso IN 8c. COUNTY OF DEATH Porter

10. MARITAL STATUS Married 11. SURVIVING SPOUSE (If any, give maiden name) Oma Stryn 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Ret. Foundry 12b. KIND OF BUSINESS/INDUSTRY Keen Cask Foundry

13a. RESIDENCE—STATE Indiana 13b. COUNTY Lake 13c. CITY, TOWN OR LOCATION Calumet Twp 13d. STREET AND NUMBER 2724 W 45th Ave

13e. ZIP CODE 46408 13f. INSIDE CITY LIMITS No 13g. ON A FARM? No 14. CITIZEN OF WHAT COUNTRY? USA 15. WAS DECEDENT OF HISPANIC ORIGIN? No 16. RACE—American Indian, Black, White etc (Specify) White 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)

PARENTS

18. FATHER'S NAME (First, Middle, Last) Albert Drake 19. MOTHER'S NAME (First, Middle, Maiden Surname) Fine Hoops

INFORMANT

20a. INFORMANT'S NAME (Type/Print) Oma Drake 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2724 W 45th Ave Calumet Twp IN 46408 20c. Relationship Wife

DISPOSITION

21a. METHOD OF DISPOSITION Burial 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 1, 1992 Chapel Lawn Mem. Gardens 21c. LOCATION—City or Town, State Schererville IN.

22a. EMBALMER'S NAME Anthony S. Rendina Jr. 22b. EMBALMER'S LICENSE NO. FD01010402 23. WAS DEATH REPORTED TO CORONER? No

24a. SIGNATURE OF FUNERAL DIRECTOR Anthony S. Rendina Jr. 24b. LICENSE NUMBER (of Licensee) FD01010402 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland Gary, IN. 46408

CAUSE OF DEATH

26. PART I. Enter the diseases, 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. Cardiorespiratory Failure b. Pneumonia Acute Renal Failure

H/D # 218904 HERNANDEZ

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I. Hypertrophoma. 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No 28a. WAS AN AUTOPSY PERFORMED? No 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

CERTIFIER

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time and place and due to the cause(s) as stated. 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. 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 Lallari 29c. MEDICAL LICENSE NO. 01037891 29d. DATE SIGNED (Month, Day, Year) 11-30-92

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) S. NIZLARI M.D. 404 101 STREET DEMOTTE IN 46310 31. HEALTH OFFICER'S SIGNATURE [Signature] 32. DATE FILED (Month, Day, Year) Nov 30, 1992

CORONER USE ONLY

33. MANNER OF DEATH: Natural, Accident, Suicide, Homicide, Pending Investigation, Could not be Determined. 34a. DATE OF INJURY (Month, Day, Year) 34b. TIME OF INJURY 34c. INJURY AT WORK? (Yes or no) 34d. DESCRIBE HOW INJURY OCCURRED 9.00 PM. 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) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 001915