

* ATTENTION ESTATE: The Social Security # is being requested 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. 18-28-90-10

Local No. 264453

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First Middle Last) PERIN KRISHNAMOORTHY		2. SEX MALE	3a. TIME OF DEATH 3:25 A M	3b. DATE OF DEATH (Month Day, Yr) SEPTEMBER 6, 1998
4. SOCIAL SECURITY NUMBER 357-70-0831	5a. AGE—Last Birthday (Year) 54	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day, Yr) July 15, 1944
7. BIRTHPLACE (City and State or Foreign Country) India	8a. WAS DECEDENT A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None		8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) THE COMMUNITY HOSPITAL		9b. CITY, TOWN OR LOCATION OF DEATH MUNSTER		9c. COUNTY OF DEATH LAKE
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Sujatha	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Engineer		12b. KIND OF BUSINESS/INDUSTRY Inland Steel
13a. RESIDENCE—STATE IL	13b. COUNTY Cook	13c. CITY, TOWN OR LOCATION Lansing		13d. STREET AND NUMBER 18361 Glen Oak Ave
13e. ZIP CODE 60438	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <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) Asian Indian
17. DECEDENT'S EDUCATION (Specify highest grade completed) Elementary/Secondary (0-12) 12 College (13-16 or 17+) 5+		18. FATHER'S NAME (First Middle Last) N.A.		
19. MOTHER'S NAME (First Middle, Maiden Surname) N.A.		20. INFORMANT'S NAME (Type/Print) Sujatha Krishnamoorthy		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip (5+)) 18361 Glen Oak Ave, Lansing, IL 60438		20c. Relationship Wife		
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 place) September 8, 1998 NW IN Crematory		21c. LOCATION—City or Town, State Crown Point, IN
22a. EMBALMER'S NAME ---		22b. EMBALMER'S LICENSE NO ---		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR Thomas J. Burns		24b. LICENSE NUMBER (of Licensee) 1045184	24c. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321	
25. 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) Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) Coronary artery disease				
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST Diabetes Mellitus				
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I				
26. CERTIFIER (Check only one) <input checked="" 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 <input 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		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		
28a. SIGNATURE AND TITLE OF CERTIFIER Andre Artis		28b. MEDICAL LICENSE NO 01037773		28c. DATE SIGNED (Month Day, Year) SEPTEMBER 7 1998
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) DR. ANDRE ARTIS 3229 BROADWAY GARY, INDIANA 46409				
31. HEALTH OFFICER'S SIGNATURE Alexander D. Hillman, MD				32. DATE FILED (Month Day, Year) September 8, 1998
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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. THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT		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.		34i. DATE OF DEATH (Month Day, Year) SEP 08 1998		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER