

Re-Submit

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0577-00

CERTIFICATE OF DEATH

State No. 10-49-118

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

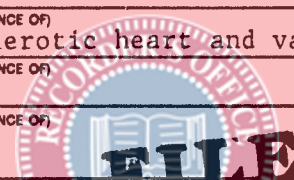
INFORMANT

DISPOSITION

CAUSE OF DEATH

1. DECEASED-NAME (First Middle Last) RONALD D. VALDIVIA		2. SEX Male		3a. TIME OF DEATH 1:47PM		3b. DATE OF DEATH (Month Day Yr) February 29, 2000	
4. SOCIAL SECURITY NUMBER 313-64-1822		5a. AGE - Last Birthday (Years) 44		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day Yr) September 1, 1955		7. BIRTHPLACE (City and State or Foreign Country) North Carolina					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) 3549 Oakcrest Place			9b. CITY/TOWN OR LOCATION OF DEATH Crown Point			9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Deborah K. Cregger		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Self Employed		12b. KIND OF BUSINESS INDUSTRY Computer	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY/TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 3549 Oakcrest Place	
13e. ZIP CODE 46307		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. 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. FATHER'S NAME (First, Middle, Last) Ronald Valdivia		17. MOTHER'S NAME (First, Middle, Maiden Surname) Jewel Odum					
18a. INFORMANT'S NAME (Type/Print) Deborah K. Valdivia		18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3549 Oakcrest Place, Crown Point, IN 46307				18c. Relationship Wife	
19a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		19b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) March 3, 2000 Memorial Park Cemetery		19c. LOCATION - City or Town, State Valparaiso, Indiana			
20a. EMBALMER'S NAME James J. Krause		20b. EMBALMER'S LICENSE NO. FDO1006463		20c. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		21b. LICENSE NUMBER (of Licensee) FDO1006463		21c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342			
22. 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. Vascular collapse b. Due to arteriosclerotic heart and vascular disease c. d.							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.							
23a. CERTIFIER (Check only one) Deputy		<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.		<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.	
23b. SIGNATURE AND TITLE OF CERTIFIER <i>Deborah K. Valdivia</i>		23c. MEDICAL LICENSE NO. N/A		23d. DATE SIGNED (Month Day Year) March 6, 2000			
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307							
25. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>		26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		27. DATE OF INJURY (Month Day Year)		28. TIME OF INJURY	
29. DATE PRONOUNCED DEAD (Month, Day, Year) February 29, 2000		30. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, or pedestrian. No		31. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
32. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3549 Oakcrest Place, Crown Point, IN 46307		33. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL AS FILED IN THE HEALTH DEPT. March 6, 2000					

Document is NOT OFFICIAL! This Document is the property of Lake County Recorder!



FILED MAR 21 2000

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STATE OF INDIANA LAKE COUNTY REC'D MAR 21 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

Alexander S. Williams MD LAKE COUNTY HEALTH COMMISSIONER