

* 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. # 27-367-28

Local No. 0887-00

393151 TYPE/PRINT IN PERMANENT BLACK INK

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

Form with fields for: 1 DECEASED-NAME (Manuel Pino), 2 SEX (Male), 3a TIME OF DEATH (4:15P), 3b DATE OF DEATH (April 4, 2000), 4 SOCIAL SECURITY NUMBER (354-22-8989), 5a AGE (67), 6 DATE OF BIRTH (Aug. 21, 1932), 7 BIRTHPLACE (Chicago, IL), 8a WAS DECEDENT A U.S. VETERAN? (Yes), 8b YEAR LAST SERVED IN U.S. ARMED FORCES? (N.A.), 9a PLACE OF DEATH (Community Hospital), 9b FACILITY NAME (Community Hospital), 9c CITY, TOWN OR LOCATION OF DEATH (Munster), 9d COUNTY OF DEATH (Lake), 10 MARITAL STATUS (Married), 11 SURVIVING SPOUSE (Esther Klec), 12a DECEASED'S USUAL OCCUPATION (Carrier), 12b KIND OF BUSINESS/INDUSTRY (Manufacturing), 13a RESIDENCE-STATE (IN), 13b COUNTY (Lake), 13c CITY, TOWN OR LOCATION (Highland), 13d STREET AND NUMBER (9148 Wildwood Dr.), 13e ZIP CODE (46322), 13f INSIDE CITY LIMITS (No), 13g ON A FARM? (No), 14 CITIZEN OF WHAT COUNTRY? (U.S.A.), 15 WAS DECEDENT OF HISPANIC ORIGIN? (Yes), 16 RACE (Spanish), 17 DECEASED'S EDUCATION (12), 18 FATHER'S NAME (Serpico Pino), 19 MOTHER'S NAME (Paulina Perlita), 20a INFORMANT'S NAME (Esther Pino), 20b MAILING ADDRESS (9148 Wildwood Dr. Highland, IN 46322), 20c Relationship (Wife), 21a METHOD OF DISPOSITION (Burial), 21b DATE AND PLACE OF DISPOSITION (April 8, 2000 Chapel Lawn Memorial Gardens), 21c LOCATION (Schererville, IN), 22a EMBALMER'S NAME (John T. Noble), 22b EMBALMER'S LICENSE NO (9000031), 23 WAS DEATH REPORTED TO CORONER? (Yes), 24a SIGNATURE OF FUNERAL DIRECTOR (Thomas J. Burns), 24b LICENSE NUMBER (1045184), 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Burns-Kish Funeral Home #3004968, 8415 Calumet Munster, IN), 26 PART I IMMEDIATE CAUSE (Subarachnoid hemorrhage), 26 PART II Other significant conditions, 27a CERTIFIER (Certifying Physician), 27b SIGNATURE AND TITLE OF CERTIFIER (Alexander Williams, MD), 27c MEDICAL LICENSE NO (X01051356), 27d DATE SIGNED (April 12, 2000), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Dr. Gropper, 9003 Calumet Ave #501, Munster, IN 46321), 31 HEALTH OFFICER'S SIGNATURE (Alexander Williams, MD), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY (APR 12 2000), 34b TIME OF INJURY, 34c PLACE OF INJURY, 34d LOCATION (Lake County Health Commissioner), 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT? (No)

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

This Document is the property of the Lake County Recorder

FILED APR 18 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

STATE OF INDIANA DEPARTMENT OF HEALTH

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH OFFICER