Lake Co.

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

Local No. 1755-02 142238

State No. .....

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

STATE OF INDIANA
LAKE COUNTY
FILED
2003 JAN -6 A 11: 17
JOHN E. CARTER
RECORDER

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Mail to: Stewart Title Services of Northwest Indiana 8695 Broadway Merrillville, IN 46410

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEASED—NAME (First, Middle, Last): HELEN DEPA | | | 2. SEX: FEMALE | 3a. TIME OF DEATH: 10:50 AM | 3b. DATE OF DEATH (Month, Day, Yr.): SEPTEMBER 23, 2002 |
| 4. *SOCIAL SECURITY NUMBER: 307-01-0411 | 5a. AGE—Last Birthday (Years): 89 | 5b. UNDER 1 YEAR (Months / Days): 2003001399 | 5c. UNDER 1 DAY (Hours / Minutes) | 6. DATE OF BIRTH (Mo., Day, Yr.): March 27, 1913 | 7. BIRTHPLACE (City and State or Foreign Country): Hammond, IN |
| 8a. WAS DECEDENT A U.S. VETERAN? No | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A | HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA | 9a. PLACE OF DEATH (Check only one; see instructions): [ ] Other [ ] Nursing Home [ ] Other (Specify) [ ] Residence | | |
| 9b. FACILITY NAME (If not institution, give street and number): THE COMMUNITY HOSPITAL | | | 9c. CITY, TOWN, OR LOCATION OF DEATH: MUNSTER | 9d. COUNTY OF DEATH: LAKE | |
| 10. MARITAL STATUS (Specify): Widowed | 11. SURVIVING SPOUSE (If wife, give maiden name): --- | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker | 12b. KIND OF BUSINESS/INDUSTRY: Home | | |
| 13a. RESIDENCE—STATE: IN | 13b. COUNTY: Lake | 13c. CITY, TOWN, OR LOCATION: Munster | 13d. STREET AND NUMBER: 8141 Monroe | | |
| 13e. ZIP CODE: 46321 | 13f. INSIDE CITY LIMITS: [ ] No [X] Yes | 13g. ON A FARM: [X] No [ ] Yes | 14. CITIZEN OF WHAT COUNTRY? U.S.A. | 15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] 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): Elementary/Secondary (0-12): 12 | College (1-4 or 5+): -- | | | | |
| 18. FATHER'S NAME (First, Middle, Last): Thomas Mista | | 19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Depa | | | |
| 20a. INFORMANT'S NAME (Type/Print): Dan Depa | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8529 Monroe Ave. Munster, IN 46321 | | 20c. Relationship: Son | |
| 21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) [ ] Entombment | | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): September 26, 2002 Holy Cross Cemetery | | 21c. LOCATION—City or Town, State: Calumet City, IL | |
| 22a. EMBALMER'S NAME: John T. Noble | | 22b. EMBALMER'S LICENSE NO: 9000031 | | 23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR: Thomas J. Burns | | 24b. LICENSE NUMBER (of Licensee): 1045184 | | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Home#3004968 8415 Calumet Munster, IN 46321 | |

FILED
JAN 6 2003
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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.

| | | Approximate interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) a. | Congestive Heart Failure | 5 years |
| Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last — b. DUE TO (OR AS A CONSEQUENCE OF) | Hypertension | 10 years |
| c. DUE TO (OR AS A CONSEQUENCE OF) | | |
| d. DUE TO (OR AS A CONSEQUENCE OF) | | |

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

| 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|
| No | No | --- |

29a. CERTIFIER (Check only one)
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, 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 | 29c. MEDICAL LICENSE NO | 29d. DATE SIGNED (Month, Day, Year) |
|---|---|---|
| A. Gandhi | 01029887 | SEPTEMBER 30 2002 |

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): ARVIND GANDHI, M.D. 9126 COLUMBIA AVENUE MUNSTER, INDIANA 46321

31. HEALTH OFFICER'S SIGNATURE: Susan J. Best D.O.

32. DATE FILED (Month, Day, Year): October 1, 2002

| 33. MANNER OF DEATH | 34a. DATE OF INJURY (Month, Day, Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) | 34d. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide | | | | |

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.

CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. 000256 OCT 02 2002

SDH06-004 State Form 10110 (R5/1-99)

OK 1745