

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to sue its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1333-02

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

PE/PRINT IN PERMANENT BLACK INK

DECEDENT

RENTS

FORMANT

POSITION

USE OF AUTH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) JOHN J. LEWIN			2. SEX Male		3a. TIME OF DEATH 6:55 A M		3b. DATE OF DEATH (Month, Day, Yr) August 8, 2002				
4. *SOCIAL SECURITY NUMBER 306-03-6136		5a. AGE—Last Birthday (Years) 86		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) February 12, 1916		7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1949		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital, Southlake Campus					9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville			9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Delores A. Heller			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mechanical Engineer			12b. KIND OF BUSINESS/INDUSTRY Inland Steel Company			
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Crown Point			13d. STREET AND NUMBER 788 Courtney Drive				
13e. ZIP CODE 46307		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5+) 2	
18. FATHER'S NAME (First, Middle, Last) Carl Lewin						19. MOTHER'S NAME (First, Middle, Maiden Surname) Helena Britz					
20a. INFORMANT'S NAME (Type/Print) Delores A. Lewin				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 788 Courtney Dr., Crown Point, IN 46307				20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 12, 2002 Calvary Cemetery				21c. LOCATION—City or Town, State Portage, Indiana			
22a. EMBALMER'S NAME Jonathon R. Christiansen				22b. EMBALMER'S LICENSE NO. FI20100045				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR				24b. LICENSE NUMBER (of Licensee) FDO1009893				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PROZIN & LITTLE FUNERAL SERVICE #3001261 811 E. Franciscan Dr. Crown Point, IN 46307			
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) Cardiac Arrest a. DUE TO (OR AS A CONSEQUENCE OF)											
Conditions, injury, which gave rise to the immediate cause, stating the underlying cause last Sepsis b. DUE TO (OR AS A CONSEQUENCE OF)											
Pneumonia c. DUE TO (OR AS A CONSEQUENCE OF)											
d.											
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.											
27. WAS DECEDENT PRESENT FOR SEPTIC POSTPARTUM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A			
29a. 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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				29c. MEDICAL LICENSE NO. 01035471		29d. DATE SIGNED (Month, Day, Year) 8-8-02			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Harish Shah, M.D. 200 East 86th Place, Merrillville, IN 46410 219-756-1400											
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32. DATE FILED (Month, Day, Year) August 12, 2002	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT AUG 12 2002			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.									