

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 8-15-426-19

* 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.

Local No. 1800-98

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

19184 TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) NICHOLAS ELEFTHERI		2. SEX Male	3a. TIME OF DEATH 11:30am	3b. DATE OF DEATH (Month, Day, Yr) August 7, 1998
4. *SOCIAL SECURITY NUMBER 310-36-7004		5a. AGE—Last Birthday (Years) 62	Sb. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo. Day, Yr) May 28, 1936		7. BIRTHPLACE (City and State or Foreign Country) Cyprus		
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? ---	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence N		
9b. FACILITY NAME (If not institution, give street and number) 2781 W. 65th Place		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) Coula Michaelidou	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner/Operator	12b. KIND OF BUSINESS/INDUSTRY Nick's Produce	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville	13d. STREET AND NUMBER 2781 W. 65th Place	
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input 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? 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. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) 10th		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		
18. FATHER'S NAME (First, Middle, Last) Eleftherios Eleftheriou		19. MOTHER'S NAME (First, Middle, Maiden Surname) Loucia Photi		
20a. INFORMANT'S NAME (Type/Print) Coula Eleftheri		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2781 W. 65th Pl. Merrillville, IN 46410	20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input 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) August 10, 1998 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana
22a. EMBALMER'S NAME Alexis Thanos		22b. EMBALMER'S LICENSE NO. FDO8600505	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Alexis Thanos</i>		24b. LICENSE NUMBER (of Licensee) FDO8600505	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. #H83007762 7905 Broadway, Merrillville, IN 46410	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cerebral thrombosis, arrest, shock, or heart failure. List only one cause on each line. Lung (lung) IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		APPROXIMATE DATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. AUG 12 1998		Approximate Interval Between Onset and Death
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) NO	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ---
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. 01030831
29d. DATE SIGNED (Month, Day, Year) 8-11-98		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Peter G. Mavrelis, M.D. 6895 Broadway, Merrillville, Indiana 46410		
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>		32. DATE FILED (Month, Day, Year) August 12, 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"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) JUN 2 2004	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 000175		
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED
JUN 2 2004
ALEXANDER S. WILLIAMS, M.D.
LAKE COUNTY AUDITOR

Handwritten initials/signature