

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF INDIANA
LAKE COUNTY State No.

FILED FOR RECORD

Key # 12-152-8

Local No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

RELATIVES

FORMANT

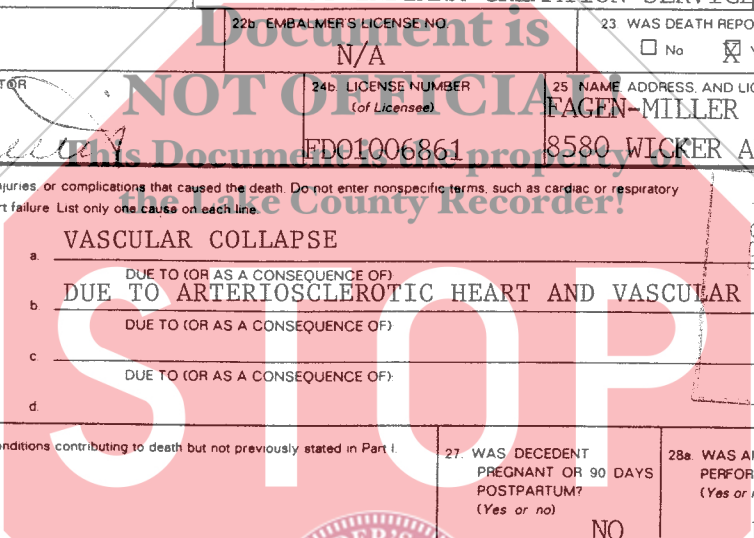
DISPOSITION

USE OF AUTH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) ROY L. MURAKAMI		2 SEX MALE		3a TIME OF DEATH 7:21 P		3b DATE OF DEATH (Month, Day, Yr) MAY 7, 2004	
4 *SOCIAL SECURITY NUMBER 316-56-6999		5a AGE—Last Birthday (Years) 56		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) JULY 28, 1947		7 BIRTHPLACE (City and State or Foreign Country) TOKYO, JAPAN					
8a WAS DECEDENT A U.S. VETERAN? YES		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1973		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			
9b FACILITY NAME (If not institution, give street and number) 11536 VENTURA DR.			9c CITY, TOWN, OR LOCATION OF DEATH ST. JOHN			9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) NEVER MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) N/A		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) ELECTRICAL ENGINEER		12b KIND OF BUSINESS/INDUSTRY COMMERCIAL CONSTRUCTION	
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN, OR LOCATION ST. JOHN		13d STREET AND NUMBER 11536 VENTURA DR.	
13e ZIP CODE 46373		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) College (1-4 or 5+) 4					
18 FATHER'S NAME (First, Middle, Last) GEORGE S. MURAKAMI				19 MOTHER'S NAME (First, Middle, Maiden Surname) KIYO NARUMI			
20a INFORMANT'S NAME (Type/Print) KIYO MURAKAMI		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11536 VENTURA DR. ST. JOHN, IN. 46373				20c Relationship MOTHER	
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) MAY 10, 2004 NORTHWEST INDIANA CREMATION SERVICE				21c LOCATION—City or Town, State CROWN POINT, INDIANA	
22a EMBALMER'S NAME NOT EMBALMED		22b EMBALMER'S LICENSE NO. N/A		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Scott A. ...</i>		24b LICENSE NUMBER (of Licensee) EEO1006861		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME FH10200006 8580 WICKER AVE. ST. JOHN, IN. 46373			
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.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. VASCULAR COLLAPSE b. DUE TO (OR AS A CONSEQUENCE OF) DUE TO ARTERIOSCLEROTIC HEART AND VASCULAR DISEASE 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							
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) <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, my opinion is that death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CHIEF DEPUTY CORONER On the basis of examination and/or investigation, my opinion is that 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>Stephen R. Stiglich</i> CHIEF DEPUTY CORONER		29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) MAY 10, 2004			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) JEFFREY R. WELLS, CHIEF DEPUTY, 2900 WEST 93RD AVENUE, CROWN POINT, INDIANA 46307							
31 HEALTH OFFICER'S SIGNATURE <i>Susan D. But...</i>		32 HEALTH OFFICER'S NAME STEPHEN R. STIGLICH LAKE COUNTY AUDITOR				33 DATE FILED (Month, Day, Year) MAY 11, 2004	
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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		34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34f LOCATION (Street and Number, City or Town, State) 000455	
34g DATE PRONOUNCED DEAD (Month, Day, Year) MAY 7, 2004		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Interval Between Death and Death Certificate MAY 11, 2004

FILED JUN - 7 - 2005

Handwritten initials and numbers: 05, 900, 135