

ATTENTION ESTATE: Disclosure of the # we need to pursue our responsibilities voluntary and there will be no penalty for usal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No.....

cal No 2912-04

23-09-0495-0027

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

PE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

FORMANT

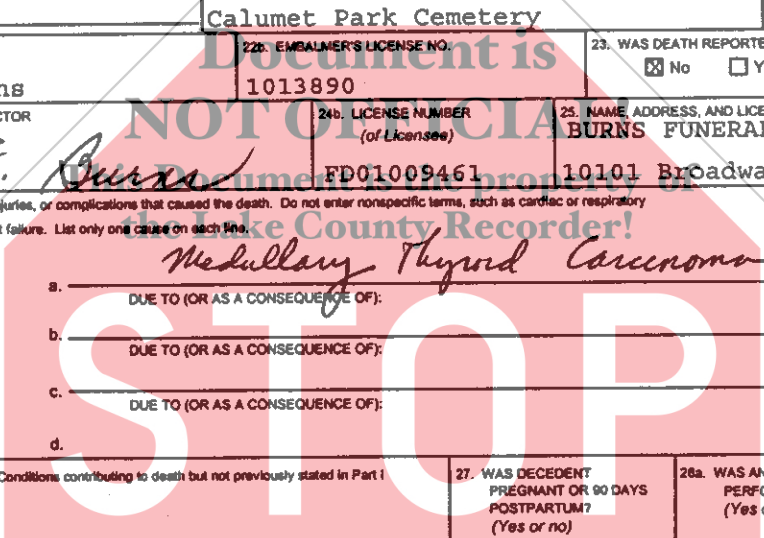
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Pete D. Georgis		2. SEX Male		3a. TIME OF DEATH 11:20 pm		3b. DATE OF DEATH (Month, Day, Yr.) November 27, 2004	
4. *SOCIAL SECURITY NUMBER 206-46-5013		5a. AGE - Last Birthday (Years) 60		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5c. UNDER 1 DAY Hours: Minutes:	
6a. WAS DECEDENT A U.S. VETERAN? No		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? -		8. DATE OF BIRTH (Mo., Day, Yr.) July 03, 1944		7. BIRTHPLACE (City and State or Foreign Country) Tripoli Greece	
9a. FACILITY NAME (If not institution, give street and number) 1244 Crestview Drive				9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Becky Kathy Sotos		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Structural Engineer		12b. KIND OF BUSINESS/INDUSTRY Engineering	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 1244 Creekview 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. FATHER'S NAME (First, Middle, Last) Demetrios Pete Georgis		17. MOTHER'S NAME (First, Middle, Maiden Surname) Panagiota Politopoulou		18. 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+): 4	
20a. INFORMANT'S NAME (Type/Print) Becky Kathy Georgis		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1244 Creekview Drive, Crown Point, IN 46307				20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 2, 2004 Calumet Park Cemetery		21c. LOCATION - City or Town, State Merrillville, Indiana		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
22a. EMBALMER'S NAME Terrence P. Burns		22b. EMBALMER'S LICENSE NO. 1013890		24b. LICENSE NUMBER (of Licensee) FD01009461		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME 10101 Broadway, Crown Point, Indiana FH8502445	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>		24c. SIGNATURE OF FUNERAL HOME <i>James F. Burns</i>		24d. SIGNATURE OF FUNERAL HOME <i>James F. Burns</i>		24e. SIGNATURE OF FUNERAL HOME <i>James F. Burns</i>	
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. Medullary Thyroid Carcinoma		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) 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>George Babchuk</i>		29c. MEDICAL LICENSE NO. 01031717		29d. DATE SIGNED (Month, Day, Year) 12/2/04	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29f) (Type/Print) DR. GEORGE BABCHUK 1121 S. INDIANA, CROWN POINT, IN 46307		31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Butcher</i>		32. DATE FILED (Month, Day, Year) December 3, 2004		33. MANNER OF DEATH <input 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? NO		34d. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.	
34e. PLACE OF INJURY - At home, farm, street, public building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) DEC 03 2004		34g. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.		34h. DATE PRONOUNCED DEAD (Month, Day, Year) November 27, 2004	



FILED AUG 17 2006 PEGGY HOENIG-KATONA LAKE COUNTY AUDITOR

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