

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities voluntarily and there will be no penalty for refusal.
Local No. 242-06

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED - NAME (First, Middle, Last) FRANK PEREZ				2. SEX Male	3a. TIME OF DEATH 2:30 AM	3b. DATE OF DEATH (Month, Day, Yr.) September 10, 2006
	4. *SOCIAL SECURITY NUMBER 317-09-5526	5a. AGE - Last Birthday (Years) 87	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) November 10, 1918	7. BIRTHPLACE (City and State or Foreign Country) Pueblo Colorado	
DECEDENT	8a. WAS DECEASED A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		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)				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake	
PARENTS	10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Sue Lavin		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Supervisor		12b. KIND OF BUSINESS/INDUSTRY U.S. Steel Company	
	13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Gary		13d. STREET AND NUMBER 1717 W. 50th Place		
INFORMANT	13e. ZIP CODE 46408	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? U.S.A.	15. WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Spanish	16. RACE American Indian, Black, White, etc. (Specify) White	17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12
	18. FATHER'S NAME (First, Middle, Last) Claude Perez				19. MOTHER'S NAME (First, Middle, Maiden Surname) Julia Gomez		
DISPOSITION	20a. INFORMANT'S NAME (Type/Print) Sue Perez			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1717 W. 50th Place Gary, Indiana 46408			20c. Relationship 2006-09-13-26 Wife
	21a. METHOD OF DISPOSITION <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) September 12, 2006 Calumet Park Cemetery		21c. LOCATION - City or Town, State 2305 W. 73rd St. Merrillville, Indiana 46410		
CAUSE OF DEATH	22a. EMBALMER'S NAME Sachs, Jeffery N.		22b. EMBALMER'S LICENSE NO. FD29800086		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert A. ...</i>		24b. LICENSE NUMBER (of Licensee) FD20200096		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Calumet Park Funeral Chapel FH10400032 7535 Taft St. Merrillville, Indiana 46410		
CERTIFIER	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. <input checked="" type="checkbox"/> Emphysema DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions, if any, which gave rise to the immediate cause stating the underlying cause last						Approximate Interval Between Onset and Death
	PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Mycobacterial Disease						27. WAS DECEASED PREGNANT OR 60 DAYS POSTPARTUM? (Yes or no) No
HEALTH OFFICER	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>[Signature]</i>
HEALTH OFFICER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Dr. Sharon Harig M.D. 8895 Broadway Merrillville, Indiana 46410				28c. MEDICAL LICENSE NO. 01035172		28d. DATE SIGNED (Month, Day, Year) 9-11-06
	31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) September 12, 2006
HEALTH OFFICER	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? (Yes or no)		
	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) SEP 12 2006			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.				



01-39-0147-0020
01-39-0147-0018

2006 OCT 27
MICHAEL ...
STATE OF INDIANA
CLERK OF SUPERIOR COURT
MERRILLVILLE, INDIANA

11-7P
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