

\* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 266

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

24-30-0209-0013

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Lundell Borom</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>2:10 P.M.</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>October 3, 2005</b>	
4. *SOCIAL SECURITY NUMBER <b>310-42-9405</b>	5a. AGE—Last Birthday (Years) <b>67</b>	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) <b>September 6, 1938</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Huntsboro, Alabama</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>NA</b>		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) <b>St. Catherine Hospital</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>East Chicago</b>	9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Minnie Henderson</b>	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Crainemen</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Steel Industry</b>		
13a. RESIDENCE—STATE <b>IN</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>East Chicago</b>	13d. STREET AND NUMBER <b>4835 Ivy Street</b>		
13e. ZIP CODE <b>46312</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>Black</b>	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>2 years</b>		18. FATHER'S NAME (First, Middle, Last) <b>Sidney Borom</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Carrie Ellison</b>		20a. INFORMANT'S NAME (Type/Print) <b>Minnie Borom</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4835 Ivy St., East Chicago, IN 46312</b>		20c. Relationship <b>Wife</b>			
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) <b>October 7, 2005 Fern Oaks Cemetery</b>		21c. LOCATION (City or Town, State) <b>Griffith, IN</b>	
22a. EMBALMER'S NAME <b>Samuel Smith, Jr.</b>		22b. EMBALMER'S LICENSE NO. <b>01019692</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Samuel Smith, Jr.</i>		24b. LICENSE NUMBER (of Licensee) <b>01019692</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Divinity Funeral Home - 83001570 3820 Pulaski Street, East Chicago, IN 46312</b>		
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. <b>Metastatic cancer of Lung</b>					
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)					
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) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a. CERTIFIER (Check only one) <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, 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. <b>01042343</b>	29d. DATE SIGNED (Month, Day, Year) <b>10/11/05</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>9108 Columbia Ave MUNSTER, IN 46321</b>					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) <b>10/12/05</b>		
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. PLACE AND HOW INJURY OCCURRED <b>MAY 31, 2007 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</b>
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. ADDRESS (Street and Number or Rural Route Number, City or Town, State) <b>11890</b>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

