

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

INDIANA STATE DEPARTMENT OF HEALTH

STEWART TITLE SERVICES  
of Northwest Indiana

CERTIFICATE OF DEATH

State of Indiana Certifies this to be  
A True and Exact copy

Local No. 2146-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-13

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>William W. Gotch</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>2:40p</b>	3b DATE OF DEATH (Month, Day, Year) <b>October 10, 2006</b>
4. *SOCIAL SECURITY NUMBER <b>308-46-7056</b>	5a AGE—Last Birthday (Years) <b>61</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>July 8, 1945</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>-----</b>		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" 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. Margaret Mercy South</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Dyer</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Rita Pranis</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Steel Worker</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Mittal Steel</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Crown Point</b>		13d. STREET AND NUMBER <b>1610 Krame Drive</b>
13e. ZIP CODE <b>46307</b>	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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>White</b>
17. DECEASED'S EDUCATION (Specify, only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>5</b>		18. FATHER'S NAME (First, Middle, Last) <b>William Gotch</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Margaret Corwin</b>		20a. INFORMANT'S NAME (Type/Print) <b>Rita M. Gotch</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1610 Krame Dr. Crown Point, Indiana 46307</b>		20c. Relationship <b>Wife</b>		
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) <b>October 13, 2006 Calumet Park Cemetery</b>		21c. LOCATION—City or Town, State <b>Merrillville, Indiana</b>
22a. EMBALMER'S NAME <b>Alexis Thanos</b>		22b. EMBALMER'S LICENSE NO. <b>FDO8600505</b>		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) <b>FDO8600505</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home, Inc, FH83007762 7905 Broadway, Merrillville, IN, 46410</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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Cardio - Pulmonary Arrest</b> (Due to (OR AS A CONSEQUENCE OF)) <b>Seconds</b> b. <b>Myocardial Infarction</b> (Due to (OR AS A CONSEQUENCE OF)) <b>Minutes</b> c. <b>Coronary Artery Disease</b> (Due to (OR AS A CONSEQUENCE OF)) <b>Years</b> 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) <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) <b>-</b>		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>John W. Noth</i>		29c. MEDICAL LICENSE NO. <b>02000872</b>	29d. DATE SIGNED (Month, Day, Year) <b>10/13/06</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>John Hoehn M.D. 505 W. Lincoln Hwy Schererville, Indiana 46375</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</i>		32. DATE FILED (Month, Day, Year) <b>October 13, 2006</b>		
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) <b>JUN - 6 2007</b>	34b. TIME OF INJURY <b>11:00 AM</b>	34c. PLACE OF INJURY—At home, farm, shop, library, office, building, etc. (Specify) <b>PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</b>
34d. DATE PRONOUNCED DEAD (Month, Day, Year)		34e. MOTOR VEHICLE LICENSE NO. (If driver, give number of passenger, pedestrian, etc.) <b>007459</b>		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)