

* 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. 001603

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

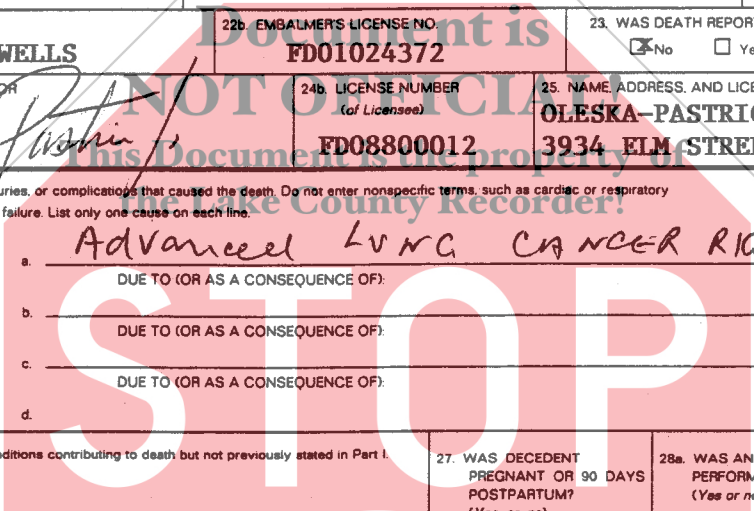
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

24-30-398-24425
 4th Add to Indiana
 Harbor hots 25+26
 Block 16

1. DECEASED—NAME (First, Middle, Last) MARY OLVERA		2. SEX FEMALE		3a. TIME OF DEATH 7:15 A.M.		3b. DATE OF DEATH (Month, Day, Yr.) AUGUST 25, 1997	
4. *SOCIAL SECURITY NUMBER 164-20-7312		5a. AGE—Last Birthday (Years) 69		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr.) FEB. 3, 1928		7. BIRTHPLACE (City and State or Foreign Country) McKEESPORT, PENNSYLVANIA					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? n/a		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) THE COMMUNITY HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) JOSE OLVERA		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) L P N NURSE		12b. KIND OF BUSINESS/INDUSTRY ST CATHERINE HOSPITAL	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION EAST CHICAGO		13d. STREET AND NUMBER 3932 IVY STREET	
13e. ZIP CODE 46312		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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) n/a College (1-4 or 5+) n/a					
18. FATHER'S NAME (First, Middle, Last) ROSARIO SAVARINO				19. MOTHER'S NAME (First, Middle, Maiden Surname) CARMELA MONTALBANO			
20a. INFORMANT'S NAME (Type/Print) JOSE OLVERA		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3932 IVY STREET, EAST CHICAGO, IN 46312				20c. Relationship HUSBAND	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) AUGUST 27, 1997 ST JOHN-ST JOSEPH CEMETERY				21c. LOCATION—City or Town, State HAMMOND, INDIANA	
22a. EMBALMER'S NAME CHARLES W. WELLS		22b. EMBALMER'S LICENSE NO. FD01024372		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David J. ...</i>		24b. LICENSE NUMBER (of Licensee) FD08800012		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME OLESKA-PASTRICK FUNERAL HOME FH155 3934 ELM STREET, EAST CHICAGO, IN			
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.							
Advanced LUNG CANCER RIGHT LUNG							
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) 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 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>Howard ...</i>		29c. MEDICAL LICENSE NO. 29782		29d. DATE SIGNED (Month, Day, Year) 8-27-1997	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DOCTOR MOHAMMED ALI 1630 45th STREET MUNSTER							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. ...</i>							
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) JUN 13 2007		34b. TIME OF INJURY		34c. INJURY	
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) LAKE COUNTY AUDITOR					
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) LAKE COUNTY HEALTH COMMISSIONER		34g. DATE PRONOUNCED DEAD (Month, Day, Year)					
34h. MOTOR VEHICLE ACCIDENT? (Yes or no)		34i. MOTOR VEHICLE TYPE (Car, truck, motorcycle, pedestrian, etc.) LAKE COUNTY AUDITOR					



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FILED

JUN 13 2007

PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

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