159470

* 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.

Local No. 151

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED - NAME (First, Middle, Last): Anicasio Vela
2. SEX: Male
3a. TIME OF DEATH: 9:50 A M
3b. DATE OF DEATH (Month, Day, Year): June 29, 2007
4. SOCIAL SECURITY NUMBER: 450-32-8957
5a. AGE - Last Birthday (Years): 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): March 23, 1930
7. BIRTHPLACE (City and State or Foreign Country): Brownsville, Texas
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 [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Regency Hospital
9c. CITY TOWN OR LOCATION OF DEATH: East Chicago
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ophelia Gill
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done most of working life. Do not use retired): steelworker
12b. KIND OF BUSINESS INDUSTRY: Standard Forge Co.
13a. RESIDENCE- STATE: In
13b. COUNTY: Lake
13c. CITY TOWN, OR LOCATION: East Chicago
13d. STREET AND NUMBER: 4228 Drummond St
13e. ZIP CODE: 46312
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM?: [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: [ ] No [X] Yes (if yes, specify Cuban, Mexican, Puerto Rican, etc.): Mexican
16. RACE - American Indian, Black, White, etc. (Specify): Hispanic
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Paul Vela
19. MOTHER'S NAME (First, Middle, Maiden Surname): Geronima Espino

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Ophelia Vela
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4228 Drummond St East Chicago, In 46312
20c. RELATIONSHIP: Wife

DISPOSITION

21a. BURIAL, CREMATION, [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other(Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): July 2, 2007 Elmwood Cemetery
21c. LOCATION - City or Town, State: Hammond, IN
22a. EMBALMER'S NAME: Henry Blake
22b. EMBALMERS LICENSE NO.: FD0109460
23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of licensee): FD20700004
25. NAME AND ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Oleska-Pastrick Funeral Home FH86000155 3934 Elm St East Chicago, IN 46312

CAUSE OF DEATH

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
b. metastatic malignancy
DUE TO (OR AS A CONSEQUENCE OF):
c. Congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to 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): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or No):
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

FILED
JUL 12 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

CERTIFIER

29a. CERTIFIER (Check only one)
[ ] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated.
[ ] 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
[ ] 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.

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29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO.: 01029160
29d. DATE SIGNED (Month, Day, Year): 7/2/07
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print): 3700 Main St E. Chicago In 46312

HEALTH OFFICER

31. HEALTH OFFICER SIGNATURE: [signature] MD
32. DATE FILED (Month Day Year): 7/2/07

33. MANNER OF DEATH: [X] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or No):
27d. DESCRIBE HOW INJURY OCCURRED:
34d. 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):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT (Yes or No) If yes, specify driver, passenger or pedestrian, etc.

11.00 D.J.A. 2047

IVRA-20 (7/05)

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT

2007 056440

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2007 JUL 12 A 9:2
MICHAEL A. BROWN RECORDER