TTENTION ESTATE: The Social Security # is ıg requested by this state agency in order to sue its statutory responsibility. Disclosure is ıntary and there will be no penalty for refusal.

Key #50-141-5
50-141-4

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

cal No. 2861-06

State No. ....

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

PE/PRINT IN RMANENT ACK INK

CEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Rosa M. Diakis
2. SEX	Female
3a. TIME OF DEATH	5:02 P.M.
3b. DATE OF DEATH (Month, Day, Yr.)	November 30, 2006
4. SOCIAL SECURITY NUMBER	308-18-7468
5a. AGE—Last Birthday (Years)	84
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo. Day, Yr.)	October 15, 1922
7. BIRTHPLACE (City and State or Foreign Country)	Birmingham, AL
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: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number)	2780 Arizona
9c. CITY, TOWN, OR LOCATION OF DEATH	Lake Station
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Widow
11. SURVIVING SPOUSE (If wife, give maiden name)	None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Home
12b. KIND OF BUSINESS/INDUSTRY	Home
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Lake Station
13d. STREET AND NUMBER	2780 Arizona
13e. ZIP CODE	46405
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	12
College (1-4 or 5+)	

RENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Unavailable
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Unavailable

ORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Gus Diakis
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2780 Arizona Lake Station, IN 46405
20c. Relationship	Son

SPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☐ Entombment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	December 5th 2006 Kraft Funeral Service
21c. LOCATION—City or Town, State	Hobart, Indiana
22a. EMBALMER'S NAME	Christopher Podgorski
22b. EMBALMER'S LICENSE NO.	FD29300030
23. WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD29300030
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Christopher Funeral Home, Inc FH19500025 1307 Central Ave Lake Station, IN 46405

USE OF ATH

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) / Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	Cause	Approximate Interval Between Onset and Death
a.	Vascular collapse	Unknown
b. DUE TO (OR AS A CONSEQUENCE OF)	Due to arteriosclerotic heart and vascular disease	
c. DUE TO (OR AS A CONSEQUENCE OF)		
d. DUE TO (OR AS A CONSEQUENCE OF)		

FILED
DEC 05 2007

Field	Entry
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)	N/A

RTIFIER

Field	Entry
29a. CERTIFIER (Check only one)	Deputy; ☐ 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.
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	N/A
29d. DATE SIGNED (Month, Day, Year)	December 1, 2006
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Paul R. Castro, Chief Investigator, 2900 West 93rd Avenue, Crown Point, Indiana 46307

ALTH FICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Susan W Best D.O.
32. DATE FILED (Month, Day, Year)	December 1, 2006
33. MANNER OF DEATH	☒ 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)	
34d. DESCRIBE HOW INJURY OCCURRED	
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)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)	November 30, 2006
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE ...

02513

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2007 DEC -5 PM MICHAEL A. BROWN RECORDER

2007 095621

LAKE COUNTY AUDITOR

SDH06-004 State Form 10110 (R5/1-99)