



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

25-43-0320-0037

Local No. 605-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) JUAN S. TORRES				1a. Maiden Last Name (If Female) NIA		2. Sex MALE		3. Time Of Death 3:25 P.M.		4. Date Of Death (Month/Day/Year) FEB. 17, 2008	
5. Social Security Number 444-10-7993		6a. Age - Yrs 87		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date Of Birth (Month/Day/Year) JUNE 23, 1920				8. Birthplace (City And State Or Foreign Country) Bloomington, Texas							
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) Hammond Writing Clinic											
12. City Or Town, State, And Zip Code Whiting						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name MARIA				15a. (If Wife) Give Maiden Last Name Rodiles		16. Decedent's Usual Occupation SHEET METAL OPERATOR			17. Kind Of Business/Industry FACTORY		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GARY			18c. Street And Number 5220 WEST 3RD PLACE		18d. Apt. No. NIA
18e. Zip Code 46406			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 8th GRADE		20. Decedent Of Hispanic Origin YES		21. Decedent's Race HISPANIC		
22. Father's Name (First, Middle, Last) FELISIANO TORRES						23. Mother's Name (First, Middle, Last) MARIA SAUSSEDA					
24. Informant's Name ROSA ORTA				24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 4145 MAGOUN AVE. EAST CHICAGO, IN 46312					
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALVARY CREMATORY			25c. Location - City, Town, And State DETAGE, INDIANA					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KIDGELAWN FUNERAL HOME, 4201 WEST LINDA RD GARY, IN 46408									
27a. Funeral Home License Number: FH10920007						27b. Signature Of Indiana Funeral Service Licensee: <i>Jinda J. Hanson</i>					
27c. License Number (Of Licensee): FD29400049						28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Respiratory Failure B. Pneumonia Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last C. Hepatocellular Carcinoma					
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. Hepatocellular Carcinoma						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town 04853		38b. Street & No.				38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred											
41. Signature, Of Person Certifying Cause Of Death: <i>Peggy Holinga Katona</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Long-Term Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Kantil Patel 525-527 W. Chicago Ave. East Chicago, IN 46312						44. License Number 01043474		45. Date Certified FEB 20 2008			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: <i>Susan W. But. D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): February 20, 2008					