



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 818-08

State No. 2008-018734

1. Decedent's Legal Name (First, Middle, Last) William David Simola				1a. Maiden Last Name (If Female)		2. Sex male		3. Time Of Death 2:14 Am		Date Of Death (Month/Day/Year) 03-01-08	
5. Social Security Number 307-54-5180		6a. Age - Yrs 59		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) 4-21-1948				8. Birthplace (City And State Or Foreign Country) Irwin PA							
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" 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) 8910 Norris Drive											
12. City Or Town, State, And Zip Code Hobart Indiana 46342						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 Lori Simola				15a. (If Wife) Give Maiden Last Name Eaton		16. Decedent's Usual Occupation AT+T			17. Kind Of Business/Industry Phone Company		
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Hobart					
18c. Street And Number 8910 Norris Drive						18d. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12		20. Decedent Of Hispanic Origin No			21. Decedent's Race White						
22. Father's Name (First, Middle, Last) Anthony D. Simola				23. Mother's Name (First, Middle, Last) Jane Simola				23a. Mother's Maiden Last Name Milbrada			
24. Informant's Name Lori Simola			24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 8910 Norris Drive - Hobart, Indiana 46342						
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) Kraft Funeral Services + Crematory, Inc.				25c. Location - City, Town, And State Hobart, Indiana			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Kraft Funeral Services + Crematory, Inc. 370 N. County Line Road - Hobart, In 46342						27a. Funeral Home License Number FH10000005			
27b. Signature Of Indiana Funeral Service Licensee: <i>Russell A Kraft</i>						27c. License Number (Of Licensee): FD 29300105					
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)										Approximate Interval: Onset To Death	
A. <u>Cardiopulmonary Arrest</u> <small>Due To (Or As A Consequence Of)</small>											
B. <u>Carcinoma Gallbladder with</u> <small>Due To (Or As A Consequence Of)</small>											
C. <u>Coarctation vascular Accident metastasis</u> <small>Due To (Or As A Consequence Of)</small>											
D. <u>Hypertension</u> <small>Due To (Or As A Consequence Of)</small>											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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"/> 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 checked="" 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) MAR 14 2008		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		38b. Street & Number		38c. Apt. No.		38d. Zip Code 05			
39. Describe How Injury Occurred PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 6375 US Hwy 16 Portage, IN 46368						44. License Number 01034231		45. Date Certified 3-5-08			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: <i>Susan W Best DO</i>						49. For Registrar Only - Date Filed (Month/Day/Year): March 7, 2008 002632					

Deep River Pointe Phase One lot 6 43-53-0085-0006

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