INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| | Local No. 1118-08 | | | State No | | | |
|-------------------|--|---|--|--|---------------------------------------|--|--|
| | 1 Decedent's Legal Name (First, Middle, Last) | | a. Maiden Last Name (If Female) | | | f Death (Month/Day/Year) | |
| 46-0453-0008 | GUDELIA ZENAIDA RAMIREZ MARIN 5 Social Security Number 6a Age - Yrs 6b Under 1 Year 6c Under | RAMIRI 1 Month 6d. Under 1 Day | | FEMALE 12 of Birth (Month/Day/Year) | 8. Birthplace (City And State O | | |
| | 309-70-3797 75 Months Days 9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital: | Hours | | | TEZOATIAN-OA | XACA,MEXICO | |
| | □ Yes □ Yho Unknown □ □ □ □ □ □ □ | 10a If Death Cccurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☑ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify) | | | | | |
| | 11 Facility Name (If Not Institution, Give Street And Number) | | | | | | |
| | WILLIAM J. RILEY HOSPICE HOUSE 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death | | | | | | |
| | MUNSTER, INDIANA 46321 | | LAKE | | Married | | |
| | 15. Surviving Spouse's Name 15a (If Wrife)Give Maiden Last Name | | 16 Decedent's Usual Oc | cupation | 17. Kind Of Business/Industry | | |
| | LORENZO MARIN 18 Residenci - State 18a County | | | HOME MAKER 18b. City Or Town | | OWN OME | |
| | INDIANA LAKE | | SCHERERVILLE | | 0 | | |
| | 18c Street And Number | | BOHERERV | 18d. Apt. No. | | 186. Zip Code 18f. Inside City Limits? | |
| | 319 LITTLE JOHN DRIVE | | | | 46375 0 | X Yes □ No | |
| | | nt Of Hispanic Origin | 21. Decedent's Race | | ப | | |
| | | EXICAN | WHIT | | - | : | |
| | 22. Father's Name (First, Middle, Last) | | 23. Mother's Name (First, Middle, Last) 23a. Mother's Marden Last Name | | | | |
| | ARNULFO RAMIREZ 24. Informant's Name 1 24a Re | EUFROSINA MORALES de RAMIREZ MORALES 24b. Mailing Address (Street And Number, City, State, Zip Code) | | | | | |
| | LORENZO MARIN 2 | 319 LITTLE JOHN DR., SCHERERVILLE, INDIANA 46375 | | | | | |
| | 25. Place Of Disposition 25a. Method Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location - City, Town, And State | | | | | | |
| | ☑ Burial ☐ Cremation ☐ Donalion ☐ Entombment APRIL 5, 2008 | | | | | | |
| <u>;</u> | CALUMET PARK CEMETERY MERRILLVILLE, INDIANA | | | | | | |
| - | SOLAN-PRUZIN FUNERAL HOME | | | | | | |
| Add hot 9 Block 1 | 14 KENNEDY AVENUE, SCHERERVILLE, INDIANA 46375 FH10290037 27c. License Number (of Licensee) | | | | | | |
| | John & Drun | ~ | | FD01007 | | 6119 6277 | |
| | Cause Of Death (See Instructions And Examples) 28. Part/l. Enter The Chain Of Events—Diseases, Injuries, Of 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 Interval: Onset | | | | | | |
| | Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation W A Line. Add Additional Lines If Necessary. | o Not Abbreviate. Enter Only One Cause On Interval: Onset To Death | | | | | |
| | Immediate Cause (Final Disease Or Condition Result <mark>ing In Death</mark> | A | Due 16) Or As A | Consequence Of): | | _ SJUMP | |
| | Sequentially List Conditions, If Any, Leading To The Cause Listed On | B. RC | not Farluix | Consequence Of: | | chey Puy | |
| | Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last | c liv | U- Fuille | | | UNE YOUT | |
| ξ | | D. | of the same of the | Consequence Of). | | | |
| Midway Gardens 2 | Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In | The Underlying Cause Given In Pr | | opsy Findings Available To C | Yes No Complete The Cause Of Death? | ☐ Yes X No | |
| | 31. Did Tobacco Use Contribute To Death? 32 If Female: | | | 33. Manner Of L | Death: | Li les Ballio | |
| | Yes Probably ho Unknown | | Not Pregnant, But Pregnant Within 42 Days Of I Unknown If Pregnant Within The Past Year | | nicide Accident Pending Investig | ation | |
| | 34. Date Of Injury (Month/Day/Year) 35 mile Of Jury | | ce Of Injury (E.G., Decedent's Home, Co | onstruction Site, Restaurant, | lld Not Be Determined Wooded Area) 37 | . Injury At Work? | |
| | | 444 | WOLANA LILIT | / | | Yes No | |
| | 38. Location Of Injury - State 38a. City Or Town | | reet & Number | | 38c. Apt. No. 38d. | Zip Code | |
| | JUN 2 | | | 40. If Transpo | ortation Injury, Specify: | (5) | |
| | PEGGY HOLINGA KATOO | | | □ Driver/Operator □ Passenger □ Pedestrian □ Other (Specify) | | | |
| | | | | 100 | | | |
| | of Strain of Person Country and Country an | | | 42. Certifier (Check Only One) ★3 Certifying Physician ☐ Coroner ☐ Health Officer | | | |
| | 43 Name, Address And Zip Code Of Person Certifying Cause Of Death: 44. License Number 45. Date Certified | | | | | ite Certified | |
| | | | | | | 1L 3 ,2008 | |
| | 46. Additional Funeral Service Provider: 47. "Akas: | | | | | | |
| | 48. Signature of Local Health Officer: 49. For Registrar Only – Date Filed (Month/Day/Year) 49. For Registrar Only – Date Filed (Month/Day/Year) | | | | | | |
| | and the second of the second o | | | | | - / | |