

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 163208 Parcel # 15-328-20 + 44-135-14 State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>John Henry Borom Sr.</b>				1a. Maiden Last Name (If Female) <b>N/A</b>		2. Sex <b>Male</b>	3. Time Of Death <b>4:46 AM</b>	4. Date Of Death (Month/Day/Year) <b>April 22, 2008</b>	
5. Social Security Number <b>311-44-9469</b>		6a. Age - Yrs <b>64</b>	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) <b>August 2, 1943</b>		8. Birthplace (City And State Or Foreign Country) <b>Birmingham, Alabama</b>
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 checked="" 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 <input type="checkbox"/> Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) <b>Methodist Hospital Southlake</b>									
12. City Or Town, State, And Zip Code <b>Merrillville, Indiana</b>					13. County Of Death <b>Lake</b>		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 <b>Bettye M. Borom</b>			15a. (If Wife) Give Maiden Last Name <b>Johnson</b>			16. Decedent's Usual Occupation <b>Crane Operator</b>		17. Kind Of Business/Industry <b>Inland Steel Corp.</b>	
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Merrillville</b>					
18c. Street And Number <b>7811 Chapel Drive</b>					18d. Apt. No.	18e. Zip Code <b>46410</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>2 Years College</b>			20. Decedent Of Hispanic Origin <b>No</b>			21. Decedent's Race <b>Black</b>			
22. Father's Name (First, Middle, Last) <b>Champ Borom</b>				23. Mother's Name (First, Middle, Last) <b>Selfie Borom</b>			23a. Mother's Maiden Last Name <b>Brundige</b>		
24. Informant's Name <b>Bettye M. Borom</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7811 Chapel Drive Merrillville, Indiana 46410</b>					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) <b>April 26, 2008 Evergreen Cemetery</b>			25c. Location - City, Town, And State <b>Harriet, Indiana</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Guy &amp; Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404</b>			27a. Funeral Home License Number <b>83007704</b>				
27b. Signature Of Indiana Funeral Service Licensee: 			27c. License Number Of Licensee: <b>088709298</b>						
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. Approximate Interval: Onset To Death									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Cardiopulmonary arrest</b> Due To (Or As A Consequence Of): B. <b>congestive heart failure</b> Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Due To (Or As A Consequence Of):									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. <b>Opened Pathways &amp; Diabetes mellitus</b>									
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 checked="" type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 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) <b>N/A</b>		35. Time Of Injury <b>N/A</b>		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>N/A</b>			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State <b>N/A</b>		38a. City Or Town <b>N/A</b>		38b. Street & Number <b>N/A</b>		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred							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: 					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: <b>CHIEDU NCHEKEWU, M.D. 5495 Broadway, Merr., IN 46410</b>					44. License Number <b>C1031281A</b>		45. Date Certified <b>11:00 AM CASH CPB</b>		
46. Additional Funeral Service Provider:					47. *Akas: <b>110598</b>				
48. Signature of Local Health Officer: <b>Susan W. Best, D.O.</b>					49. For Registrar Only - Date Filed (Month/Day/Year): <b>May 1, 2008</b>				

