INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

City Of East Chicago
East Chicago, In 46312

Local No. 000206 ..... State No. ....

1. Decedent's Legal Name (First, Middle, Last): FRANK MUNOZ SR.	1a. Maiden Last Name (If Female): N/A	2. Sex: MALE	3. Time Of Death: 4:30 PM	4. Date Of Death (Month/Day/Year): Aug 21, 2008
5. Social Security Number: 344-20-2392	6a. Age – Yrs: 80	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): Aug 14, 1928 / 8. Birthplace (City And State Or Foreign Country): NewKirk, OK

9. Ever In U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown
10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival
10a. If Death Occurred 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): ST. CATHERINE HOSPITAL
12. City Or Town, State And Zip Code: EAST CHICAGO, INDIANA 46312
13. County Of Death: LAKE
14. Marital Status At Time Of Death: ☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name: N/A
15a. (If Wife) Give Maiden Last Name: N/A
16. Decedent's Usual Occupation: STEEL WORKER
17. Kind Of Business/Industry: STEEL MILL
18. Residence – State: INDIANA
18a. County: LAKE
18b. City Or Town: EAST CHICAGO
18c. Street And Number: 5122 WALSH
18d. Apt. No.: N/A
18e. Zip Code: 46312
18f. Inside City Limits? ☒ Yes ☐ No
19. Decedent's Education: N/A
20. Decedent Of Hispanic Origin: Yes
21. Decedent's Race: Hispanic
22. Father's Name (First, Middle, Last): GENOVEVO FRANK MUNOZ
23. Mother's Name (First, Middle, Last): JOSEPHA MUNOZ
23a. Mother's Maiden Last Name: Hernandez
24. Informant's Name: FRANK MUNOZ
24a. Relationship To Decedent: SON
24b. Mailing Address (Street And Number, City, State, Zip Code): 1143 East Cleveland Ave, Hobart, IN 46342

25. Place Of Disposition

25a. Method Of Disposition: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): Regional Cremation Serv.
25c. Location – City, Town, And State: Munster, Indiana
26. Was Coroner Contacted? ☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility: Ridgelawn Funeral Home, 4201 W. Ridge Road, Gary, IN 46408
27a. Funeral Home License Number: FH10200069
27b. Signature Of Indiana Funeral Service Licensee: [signature]
27c. License Number (Of Licensee): F.D. # 29400049

Cause Of Death (See Instructions And Examples)

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. Resp. Failure
Due To (Or As A Consequence Of):
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
B. Cerebral Encephalopathy
Due To (Or As A Consequence Of):
C. Metastatic Prostate CA
Due To (Or As A Consequence Of):
D.

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? ☐ Yes ☐ No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ No
38. Location Of Injury - State:
38a. City Or Town:
38b. Street And Number:
38c. Apt. No.:
38d. Zip Code:
39. Describe How Injury Occurred:
40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
41. Signature Of Person Certifying Cause Of Death: [signature]
42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: [illegible] East Chicago, IN [illegible]
44. License Number: IN 01059773A
45. Date Certified: 8/26/08
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: [signature] MD
49. For Registrar Only – Date Filed (Month/Day/Year): 8/27/08

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FILED
SEP 08 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

$11 CS

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pur[...]

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT