INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3140-08 Parcel # 45-03-32-381-020-000-024 State No. ....

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Last Name (If Female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
EVA LAFAKIS	MARTIN	FEMALE	2:16 PM	SEPT. 10, 2008

5. Social Security Number	6a. Age – Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year)	8. Birthplace (City And State Or Foreign Country)
310-32-3765	75	Months	Days	Hours	Minutes	OCT. 2, 1932	ATHENS, GREECE

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): COMMUNITY HOSPITAL

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
MUNSTER	LAKE	☒ Married ☐ Married But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
JAMES LAFAKIS	N/A	BOOK KEEPER	MANUFACTURING

18. Residence – State	18a. County	18b. City Or Town
INDIANA	LAKE	EAST CHICAGO

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
5606 BARING AVE.		46312	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
12 YRS.	NO	WHITE

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
JAMES MARTIN	ELIZABETH	KOUTSOULAFTIS

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
JAMES LAFAKIS	HUSBAND	5606 BARING AVE. EAST CHICAGO, IND. 46312

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 ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)	RIDGELAWN CEMETERY SEPT. 13, 2008	GARY, INDIANA

26. Was Coroner Contacted? ☐ Yes ☒ No

27. Name And Complete Address Of Funeral Facility: LINCOLN RIDGE FUNERAL HOME 7607 W. LINCOLN HWY. CROWN POINT, INDIANA 46307

27a. Funeral Home License Number: FH8800070

27b. Signature Of Indiana Funeral Service Licensee: [signature]

27c. License Number (Of Licensee): FD01008300

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STOP

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
SEP 18 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2008 059540

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. Respiratory 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. Congestive heart failure

Due To (Or As A Consequence Of):

C. renal failure

Due To (Or As A Consequence Of):

D. atrial fib

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 & Number	38c. Apt. No.	38d. Zip Code

39. Describe How Injury Occurred

40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

013906

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	44. License Number	45. Date Certified
M.A. Rahman MD 2914 Highway Ave Highland In 46322	01026043	9/16/08

$11 CS

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer: Susan W Burt, D.O.

49. For Registrar Only – Date Filed (Month/Day/Year): September 17, 2008