(D) 9574-08

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

CERTIFICATE OF DEATH 45-12-011-000-030

Local No						State N	lo			*****		
JESSE			1a. Maiden Last N	ame (If Female)	1		3. Time Of Death 5:35AM		4. Date Of Death (Month/Day/Year)			
			GIL	GIL		M			JULY 15, 2008			
					-							
	b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e Under 1 Hour	7. Date Of Bir	th (Month/Day/Year)	8. Birthpl	ace (City And	State Or Forei	an Country)		
310-70-4163 51 Mg	0-4163 51 Months Days			Hours Minutes		March 12, 1957		EAST CHICAGO, INDIANA				
9. Ever in U.S. Armed Forces? 10. If Death Oc	courred in A Hospi	lai:		10a. If Death Occurre	ed Somewhere Ot	her Than A Hospital:						
☐ Yes ☑ No Unknown ☐ ☐ Impatient [Emergency Dep	artment Outpatient	Dead On Arrival	n Artival Term Care Facility Other (Specify)					cedent's Home	Nursing Home/Long-		
11. Facility Name (If Not Institution, Give Street And No.	amber\			Term Care Facility L	1 Owner (Specify)							
WILLIAM J. RILEY RESIDENCE												
12. City Or Town, State, And Zip Code				142 Count	V 0							
MUNSTER, INDIANA 46321			13. County Of Death LAKE				4. Tarital Status Al Time Of Death					
			<u>-</u>				■ Married					
15. Surviving Spouse's Name ISABEL GIL		1	ia. (If Wife)Give Maider	Last Name								
		"	LANO		RON WORKE	WORKER			15			
18. Residence – State	l	18e. County		18b. City Or Town)				
INDIANA	LA	AKE MERRILL			ALLE O							
18c. Street And Number						18d. Apt. N		18e. Zip Co	de	187. Inside City Limits?		
890 W. 79TH AVENUE					7			EE Yes □ No				
19. Decedent's Education 20. Decedent			anic Origin	21. E	Decedent's Race					<u> </u>		
High school graduate or GED complet	res, other Spar	nish/Hispanic/L.a	tino Whi	White								
22. Father's Name (First, Middle, Last)				23. Mother's Name (F	First, Middle, Last)		Z3a Mx	wher's Maiden	Last Name		
MARIANO GIL			RAQUEL GIL				3			CABANAS		
24. Informant's Name		24a. Relationship	Yo Decedent	24b. Mailing Address	(Street And North	ber, City, State, Zip Co	ide)					
ISABEL GIL		WIFE	Jocui	890 W. 79TH A	VENUE ME	RRILLVILLE, I	N 4641Q	•	,			
26. Martine Of Discovery		NIO	25. Pt	ace Of Disposition	LAT		3 6	5 77	(/)			
25e. Method Of Disposition. ☑ Burial ☐ Cremation ☐ Donation ☐ Entombrent ☐ Removal From State	1 /	1	of Cemetery, Crematory	(Other Place)		City, Town, And Stat	-	· • • • • • • • • • • • • • • • • • • •				
Other (Specify):	701	T PARK CEME	nimont	ic the ne	MERRILLY	TILLE, INDIANA	I K	á Bi				
		ress Of Funeral Facili	ty .	12 mc h	-h		TO DE	1000	n Serie	Home License Number:		
	ET PARK FU	INERAL CHAP	EL 7535 TAFT S	TREET MERRILL	VILLE, IND		-		FH164000	132		
27b. Signature Of Indiana Funeral Service Licensee:	~	_				27€]	icense Numbe	(Of Licerise	Marie affilia			
Jefful V	()	De	_			FD2	800086-		19			
28 Boot I Enter The Chair Of France		Cau	se Of Death (See	Instructions An	d Examples)		? =	-			
28. Part I. Enter The <u>Chain Of Events</u> —Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line, Add Additional Lines & Necessary	Ventricular Fibi	rillation Without Sh	hat Directly Caused lowing The Etiology.	The Death, Do No Do Not Abbreyigte	t Enter Termina Enter Only O	al Events Ine Cause On		ನ ಞ	127	Approximate Interval: Onset		
A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition I			10 1	ATIC REN		11 /	o ortganic	The street	 6 sé & Láidh	To Death		
			TIMINA	7/12	Due To (Or As A C	onesquence Of):	nom	9		Tuelow 7 1/5		
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease)	The Cause Lis	ted On B.			Due To (Or As A C	(A)	di Carani		***			
The Events Resulting in Death) Last	от наслу плак п	C				Annual Colt.						
									. i 17.1	.17		
Part II. Enter Other Stanificant Conditions Contributing			7111	IIIII	Due To (Or As A C	oneequence Of):		 - 	/ 	18		
	O Death But Not F	D. Resulting in The Under	rlying Cause Given in P		29. Was An Au	topsy Performed?	[]Yac	₩ ½	/ 	JX		
HTP, CH	To Death But Not F	Resulting to The Under	rlying Cause Given in P	di S Opposition	29. Was An Au		Yes To Complete	I No The Cause Of	Death?]¥————————————————————————————————————		
31. Did Tobacco Use Contribute To Death?	32 If Female:				29. Was An Autop	topsy Performed? Sy Findings Avallable \$3. Manner	To Complete	⊠ No The Cause Of]Yes □ No		
☐ Yes ☐ Probably ☐ No ☑ Unknown	32 If Female:				29. Was An Autop	Ropsy Performed? SSy Findings Available S3. Mainten	Of Death:	The Cause Of]Yes □ No		
☐ Yes ☐ Probably ☐ No ☑ Unknown	32 If Female:	Within Past Year Pre. But Pregnant 43 Days To	gnant At Time Of Death	Not Progrant, But Progrant Videoun II Progrant With To Or Injury (E.G., Deced	29. Was An Au 30. Were Autop Milin 42 Days Of Da The Part Year	topsy Performed? Joy Findings Available 33. Maurier Bi Miked	Of Death:	The Cause Of	ing investigation	Yes No		
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