INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 0574-08

State No. 45-12-31-137-011-000-030

1. Decedent's Legal Name (First, Middle, Last): JESSE
1a. Maiden Last Name (If Female): GIL
2. Sex: M
3. Time Of Death: 5:35AM
4. Date Of Death (Month/Day/Year): JULY 15, 2008

5. Social Security Number: 310-70-4163
6a. Age Yrs: 51
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): March 12, 1957
8. Birthplace (City And State Or Foreign Country): EAST CHICAGO, INDIANA

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): WILLIAM J. RILEY RESIDENCE

12. City Or Town, State, And Zip Code: MUNSTER, INDIANA 46321
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: ISABEL GIL
15a. (If Wife) Give Maiden Last Name: LLANO
16. Decedent's Usual Occupation: IRON WORKER
17. Kind Of Business/Industry: LOCAL 395

18. Residence – State: INDIANA
18a. County: LAKE
18b. City Or Town: MERRILLVILLE

18c. Street And Number: 890 W. 79TH AVENUE
18d. Apt. No.
18e. Zip Code: 46410
18f. Inside City Limits? ☒ Yes ☐ No

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19. Decedent's Education: High school graduate or GED completed
20. Decedent Of Hispanic Origin: Yes, other Spanish/Hispanic/Latino
21. Decedent's Race: White

22. Father's Name (First, Middle, Last): MARIANO GIL
23. Mother's Name (First, Middle, Last): RAQUEL GIL
23a. Mother's Maiden Last Name: CABANAS

24. Informant's Name: ISABEL GIL
24a. Relationship To Decedent: WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code): 890 W. 79TH AVENUE MERRILLVILLE, IN 46410

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): CALUMET PARK CEMETERY
25c. Location – City, Town, And State: MERRILLVILLE, INDIANA

26. Was Coroner Contacted? ☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility: CALUMET PARK FUNERAL CHAPEL 7535 TAFT STREET MERRILLVILLE, INDIANA 46410
27a. Funeral Home License Number: FH10400032

27b. Signature Of Indiana Funeral Service Licensee: [signature]
27c. License Number (Of Licensee): FD29800086

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2008 SEP 24 AM 3:32
MICHAEL A. BROWN RECORDER

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. Metastatic Renal Cell Carcinoma — 7/06 – 7/15/08
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.
Due To (Or As A Consequence Of):
C.
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: HTN, CHF

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)

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SEP 24 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

41. Signature, Of Person Certifying Cause Of Death: [signature]
42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer

00 11 CASH PB

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LENO THOMAS MD 8127 MERRILLVILLE ROAD MERRILLVILLE, IN 46410
44. License Number: 01060422A
45. Date Certified: 7/16/08

46. Additional Funeral Service Provider:
47. *Alias:

48. Signature of Local Health Officer: Susan W Bert D.O.
49. For Registrar Only – Date Filed (Month/Day/Year): July 21, 2008

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10