(12)

NOTIFICATION 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.

Local No. 0810-05

6 91412

COMMUNITY TITLE COMPANY L-40622

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED - NAME (First, Middle, Last): James Bells
2. SEX: Male
3a. TIME OF DEATH: 8:10 AM
3b. DATE OF DEATH (Month, Day, Yr.): April 30, 2005
4. *SOCIAL SECURITY NUMBER: 359-16-9888
5a. AGE - Last Birthday (Years): 77
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo., Day, Yr.): July 15,1927
7. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 325 Gwens Cove
9c. CITY, TOWN, OR LOCATION OF DEATH: Lowell
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dolores E. McNeil
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Police Captain
12b. KIND OF BUSINESS/INDUSTRY: Law Enforcement
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Lowell
13d. STREET AND NUMBER: 325 Gwens Cove
13e. ZIP CODE: 46356-
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE— American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 4

2008 076829

PARENTS

18. FATHER'S NAME (First, Middle, Last): Vincent Lewandowski
19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Yurkovich

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Dolores E. Bells
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 325 Gwens Cove Lowell IN 46356-
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☒ Entombment ☒ Removal from State ☐ Other (Specify) Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): May 3, 2005 Holy Cross Cemetery
21c. LOCATION - City or Town, State: Calumet City Illinois
22a. EMBALMER'S NAME: Kevin Knaga
22b. EMBALMER'S LICENSE NO.: FD20400005
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Kevin Knaga
24b. LICENSE NUMBER (of Licensee): FD20400005
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home FH19900060 109 N. East St. Crown Point, Indiana 46307-

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2008 NOV 10 AM 10:59 MICHAEL A. BROWN RECORDER

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. MAY 2 2005

CAUSE OF DEATH

26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Pancreatic Cancer
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF):
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

FILED NOV - 5 2008 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): —
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO.: 01031484
29d. DATE SIGNED (Month, Day, Year): 5-2-05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Ray E. Dragsa M.D. 1205 S. Main St. Suite 301 Crown Point, IN 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Susan W Burt, D.O.
32. DATE FILED (Month, Day, Year): May 2, 2005

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

11CM PB

017409

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP RECORDER'S OFFICE SEAL INDIANA

SDH06-004 State Form 10110 (R5/1-99)