INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| Local No. 292 | -08 | 45- | 03.2 | 9.25 | 7 02 | - 000 | . 00 | 4 | | | |
|---|------------------------|--|----------------------------------|---------------------------------------|--|--------------------------|---|----------------------------|----------------|------------------------|------------|
| Local No. 27 2 5 45 0 3 3 | | | | | rme (If Fernale) | | | • | | | |
| Arturo G. Cas 5. Social Security Number Sa. Age Yrs 95 | illas | Sc. Under 1 Month | | | | M Male | | - 1 | | ary 29, | 2008 |
| 568-80-7939 59 Mon | | n 1 Year Sc. Under 1 Month 6d. Under 1 Day Days Hours | | | 6e. Under 1 Hour 7. Date Of Birth (Month/I) Minutes March 8, 1 | | | , | | | |
| 9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital: | | | | | 10a. If Death Occurred Somewhere Other Than A Hospital: | | | | | | ome/Long- |
| 111 | | partment Outpatient 🗖 [| Dead On Arrival | Term Care Faci | ity Dother (Speci | (y) | _ , | , | | | |
| 11. Facility Name (If Not Institution, Give Street And Nur | • | | | · · · · · · · · · · · · · · · · · · · | | · | u* | | | | |
| St. Margaret 12. City Or Town, State, And Zip Code | Mercy | Hospita | 11 | 13. Co | unty Of Death | | 1 14 | Marital Status | At Time Of I | Death . | |
| Hammond, Indiana | 20 | 0 | | | Lake | | | Married Married Divorced | | | |
| 15. Surviving Spouse's Name | 15a. | (If Wife)Give Maider | n Last Name 16. Decedent's Usual | | | | Occupation Widowed Memory Married Unknown | | | | |
| Maria Teresa Cas | | County | Esco | bar | | Machine | Operat | or c | S St | ceel | |
| Indiana | | Lake | | | | hicago | | (| ⊃ | | |
| 18c. Street And Number | | | | 1 | | | I. Apt. No. 18e. Z | | | | ty Limits? |
| 616 West 145t | | | ·- <u>-</u> | | | | - | 463 | 72 | X Yes □ W | 0 |
| _ | | 20. Decedent Of Hispani Yes - M | sexican | ŀ | 21. Decedent's Rac | tith - | ite | | | | |
| Please select education level: 6 22. Father's Name (First, Middle, Last) | | Please select His | panic origin, if | | Please select me (First, Middle, L | race: | ı ve | 23a. W | Others Mai | den Last Name | |
| Elisandro Cas | | | Esperanza Casili | | | llas | las Garcia | | | | |
| ^{24 Informants Name} Maria Teresa Casi | 1126 | 24a. Refationship To | Decedent | | | umber, City, State, Zij | | | | | |
| Maria leresa Casi | IIas | Wife | 25 PI | 616 Wa | | St.,East | Chica | ago, Ir | ndian | ia 46312 | ? |
| 25a. Method Of Disposition. ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☑ Removal From State | | Di Diaposition (Name Of the bruary 4 | Cemetery, Crematory | , Other Place) | | on - City, Town, And | State | ••• | 7 | 70 (0 | |
| Other (Specify): | Luga | r Valle | de Guad | alupe (| Tang | ancicuar | o, Mic | choacar | ı∰M∈ | *ico | |
| TYPE TO FIF | E FUN | dress Of Funeral Facility ERAL HOM | E, INC | is the | prope | rty of | | RF | Func | CXM | Number: |
| 27b. Signature Of Indiana Funeral Service Licensee: | 1 Ind | ianapoli | s Blvd | .,East | Chica | go, Inc | | 46312 | | 3700 | 12 |
| John P. F. | ife | | | micy in | | | | 0020 | • | ROZ | |
| 28. Part I. Enter The Chain Of Events—Diseas | as Injuriae O | Cause or Complications Th | Of Death (See | Instruction | And Example | es) | | - 132 | | <u> </u> | |
| Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary. | Ventricular Fib | rillation Without Shor | wing The Etiology | . Do Not Abbre | viate. Enter Only | One Cause On | | <u>≤</u> | ~ | Apprexion Interval: | Onset |
| Immediate Cause (Final Disease Or Condition F | Resulting In De | eath A. | / Cer | diac | Due To (Or As | A Consequence Offi | | | <i>∾</i> | | Jt |
| Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C | The Cause Li | sted On B | (+4) | per/cal | em ia | A Consequence CO: | | | | | |
| The Events Resulting In Death) Last | or injury That | C _ | End? | stage | Renal | Disea | re | | | _ | |
| Part II. Enter Other Significant Conditions Contributing To | Death But Not I | D. Besulting In The Underhit | ng Causa Givan In Pr | net I | 20 Was an | Autopsy Performed? | | | | | |
| Diabetes Malling | | | TUTT | ER'S | | Jopsy Hndings Avail | □Ye | es XINo te ine Cause O | Death? | ☐ Yes 🔯 | No |
| 31. Did Tobacco Use Contribute To Death? | 32 If Female | : | A CONTRACTOR | | | 33. Ma | nner Of Death: | | | | |
| ☐ Yes ☐ Probably (No ☐ Unknown | LI Not Pregnan | t Within Past Year Pregnat, But Pregnant 43 Days To 1 | Year Before Death | Unknown if Pragnent | Within The Past Year | CT Suid | Claudd Not B. | Accident Per | ding Investiga | tion | |
| 34. Date Of Injury (Month/Day/Year) | 35. Time Of | Injury | 36. Pla | ce Of Injury (E.G., | Decedent's Home, C | Construction Site, Res | taurant, Woode | id Area) | 37. | Injury At Work? | · · · |
| 38. Location Of Injury - State | 38a. City Or | Town | 38/31 | oet Vunter | En | | | 38c. Apt. No. | 1 38d. | ☐ Yes ☐ No Zip Code | |
| | | | and the second | | | | | | | | |
| 39 Describe How Injury Occurred | 01 | 04 14 - | N | OV 10 | 2008 | 40. أأ | Transport | ation Injury, | Specify | : | |
| 41. Signature, Of Person Certifying Cause Of Death: | | 9174 | | | | 12 Cariffor (Chack C | Imbr Ones | assenger 🗆 Pedee | | r (Specify) | |
| SVA | 10-9 | | PEGG | HOLIN | GA KATO | A Cartifolian Dissele | ian 🔲 Corone | r 🔲 Health Offi | car | | |
| 43. Name, Address And Zip Code Of Person Certif | . • | | | OCCIVI | ' AUDIT(|)H * | 4. CICERSE INUIT | ider | 45. Dat | e Certified | |
| Dr. K. Pate1 - 525 W. 46. Additional Funeral Service Provider: | unica | go Ave., | rast Chi | .cago, | ındıana | | 01043 | 474 | Jani | uary 30, | , 2008 |
| | | | | | | 4 | 7. *Akas: | | | Ună. | I |
| 48. Signature of Local Health Officer: | | , | | 49. For Regis | trar Only - Defe Rik | ed (Month/Day/Year): | | 1 ^ | | , () | M |
| tate Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security | rity 8 is being reques | | or to pursue its statutory re | sponeibility Disclosure | | to no penalty for refuse | $\chi \mathcal{S}$ | 1,04 | ∞ | | Th. |