

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1146-04

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for 1 DECEASED-NAME (PAUL K. VANGORP), 2 SEX (MALE), 3a TIME OF DEATH (2:50 A), 3b DATE OF DEATH (MAY 3, 2004), 4 SOCIAL SECURITY NUMBER (483-30-6104), 5c UNDER 1 DAY, 6 DATE OF BIRTH (March 30, 1917), 7 BIRTHPLACE (New Virginia, Iowa), 8a WAS DECEDENT A U.S. VETERAN? (No), 8b YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a PLACE OF DEATH (HOSPITAL - Inpatient), 9b FACILITY NAME (THE COMMUNITY HOSPITAL), 9c CITY, TOWN OR LOCATION OF DEATH (MUNSTER), 9d COUNTY OF DEATH (LAKE), 10 MARITAL STATUS (Married), 11 SURVIVING SPOUSE (Mildred D. Liming), 12a DECEDENT'S USUAL OCCUPATION (Self-Employed), 12b KIND OF BUSINESS/INDUSTRY (VanGorp Plumbing), 13a RESIDENCE-STATE (Indiana), 13b COUNTY (Lake), 13c CITY, TOWN OR LOCATION (Hammond), 13d STREET AND NUMBER (7117 Marshall Avenue), 13e ZIP CODE (46323), 13f INSIDE CITY LIMITS (Yes), 14 CITIZEN OF WHAT COUNTRY? (U.S.A.), 15 WAS DECEDENT OF HISPANIC ORIGIN? (No), 16 RACE (white), 17 DECEDENT'S EDUCATION (12), 18 FATHER'S NAME (Harry VanGorp), 19 MOTHER'S NAME (Verna Robertson), 20a INFORMANT'S NAME (Mrs. Mildred D. VanGorp), 20b MAILING ADDRESS (7117 Marshall Avenue, Hammond, IN 46323), 20c Relationship (Wife), 21a METHOD OF DISPOSITION (Burial), 21b DATE AND PLACE OF DISPOSITION (May 6, 2004, Chapel Lawn Memorial Gardens), 21c LOCATION (Schererville, IN), 22a EMBALMER'S NAME (Jose G. Corona), 22b EMBALMER'S LICENSE NO (FDO8601373), 23 WAS DEATH REPORTED TO CORONER? (No), 24 SIGNATURE OF FUNERAL DIRECTOR (Jose G. Corona), 24b LICENSE NUMBER (FDO1013507), 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Bocken Funeral Home, Inc. FH83002801, 7042 Kennedy Ave., Hammond, IN 46323), 26 PART I IMMEDIATE CAUSE (Carcinomatous Pancreatic Adeno Carcinoma), 26 PART II Other significant conditions (Coronary Artery disease), 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a WAS AN AUTOPSY PERFORMED? (No), 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no), 29a CERTIFIER (Certifying Physician), 29b SIGNATURE AND TITLE OF CERTIFIER (Herbert Alan Jones), 29c MEDICAL LICENSE NO (02000640A), 29d DATE SIGNED (MAY 5, 2004), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (HERBERT ALAN JONES, D.O., 929 RIDGE ROAD, SUITE 7, MUNSTER, INDIANA 46321), 31 HEALTH OFFICER'S SIGNATURE (Susan J...), 32 DATE FILED (MAY 5, 2004), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK?, 34d DESCRIBE HOW INJURY OCCURRED (NUV + 4 2008), 34e PLACE OF INJURY (PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR), 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

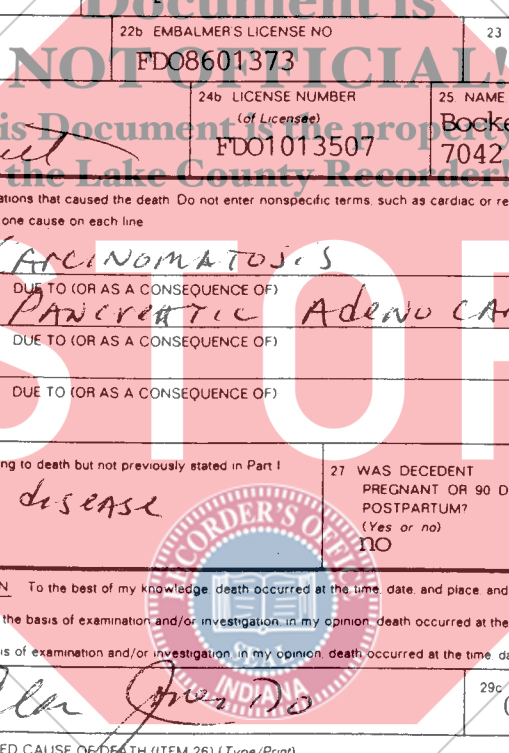
FORMANT

POSITION

USE OF ATH

CERTIFIER

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FILED

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR