ISSUED BY MARION COUNTY HEALTH DEPARTMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 000995 State No.

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Last Name (If Female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
ALEXANDER SHUMAN		M	1:56 A.M.	FEBRUARY 7, 2009

5. Social Security Number	6a. Age Yrs	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)	8. Birthplace (City And State Or Foreign Country)
[redacted]	87					October 3, 1921	SWITCHBACK, W.V.

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): ST. VINCENT SETON SPECIALTY HOSPITAL

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
INDIANAPOLIS, IN 46260	MARION	☐ Married ☐ Married But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
N/A	N/A	SUPERVISOR	U.S. STEEL COMPANY

18. Residence – State	18a. County	18b. City Or Town
INDIANA	LAKE	CROWN POINT

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
1300 HAYES STREET		46307	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
High school graduate or GED completed	No, not Spanish/Hispanic/Latino	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
PAUL SHUMAN	VICTORIA JOHANNA SHUMAN	DIDA

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
TIMOTHY A. SHUMAN	SON	240 PATRIOT LANE, FREEDOM, PA, 15042

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

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	PRUZIN & LITTLE FUNERAL SERVICE, 811 EAST FRANCISCAN DRIVE, CROWN POINT, INDIANA 46307	FH#0001281

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Or Licensee)
Tommaso L Alberti	FD20700093

Cause Of Death (See Instructions And Examples)

26. 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.

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

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. ACUTE ON CHRONIC RESPIRATORY FAILURE	WEEKS
Due To (Or As A Consequence Of)	B. RECURRENT ASPIRATION PNEUMONIA	WEEKS
Due To (Or As A Consequence Of)	C ACUTE RENAL FAILURE	WEEKS
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

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?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ 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	☒ 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)

41. Signature Of Person Certifying Cause Of Death:

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
Horia Draghicin, M.D. 8050 Township Line Rd. Indpls, IN 46260	010 55849A	2/11/09

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

48. Signature Of Local Health Officer:	49. For Registrar Only – Date Filed (Month/Day/Year):
Virginia A Caine M.D.	FEB 13 2009

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

HOLD FOR MERIDIAN TITLE CORP

2009 0206

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2009 APR 28 10:47 MICHAEL A. BROWN RECORDER

FILED APR 28 2009 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITLE

003158