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## PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY
HEALTH DEPARTMENT
155 Indiana Ave Suite 104
Valparaiso IN 46383

	THE REC	ORDS IN THIS	SERIES A	ARE CONFIDENTIAL F	ER IC 16-37-1-10	Key	#4	5-13	3-06	-253-	011.	000-018	
YPE/PRINT	1. DECEASED-			2. SEX	·	3a. TIME OF DEAT	H 3b. DATE OF	DEATH (Mon	th, Day, Year)				
IN	4. *SOCIAL SEC	NA I HA	AN M. PASTOR    5a. AGE - Last Birthday		5b. UNDER 1 YEAR 5c. UNDER		Male		12:35 a.n	March 20, 2007  7. BIRTHPLACE (City and State or Foreign Country)			
ERMANENT BLACK INK	317-20-	8536		(Years) 80	Months Days	Hours	Minutes		, , , , ,				
BEAGN INIC	8a. WAS DECEDENT A U.S. VETERAN? Yes 9b. FACILITY NAME (if not institut		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?			<u> </u>			May 16, 1926 ACE OF DEATH (Check only one. S		Chicago, Illinois See Instructions.)		
					HOSPITAL:   Inpatient		OTHER: Nursing Home		Other (Specify)				
			1946		ER/Outpatient				Other CHONDER DATH				
DECEDENT		ospice Cen	-	•			Valparaiso		İ	Porter O			
	10. MARITAL STATUS (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12a, DECEDE		NT'S USUAL OCCUPATION (Give kind of worning most of working life. Do not use retired)		(Give kind of work	12b. KIND OF BUSIN SS/INDUSTRY			
:	Widowed		(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ployed Mason		Construction				
	13a. RESIDENCE — STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND I		STREET AND N				
	Indiana		Lake		Hobart		1311 Medlee						
	13e. ZIP CODE	13f. INSIDE CIT	Y LIMITS Yes	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT		ORIGIN? specify Cuban,	Black, Wi		17. DECEDENT'S EDUCATION (Specify onl Thio) est grade complet		EDUCATION grade completed)	
i	46342	13g. ON A FAR	M?		Mexican, Puerto f	lican, etc.)		(Specify)	'         [	Elementary/Secor	ndare ((1-2)	College (1-4 or 5 + )	
	18. FATHER'S NAME (First, Middle							Whit		11			
'ARENTS	Frank P		, Last)		19. MOTHER'S NAME (First, Middle, Maider					Surname)			
	20a. INFORMANT		Print)	·	Domenica Ro 20b. MAILING ADDRESS (Street and Number or Rural Route Numbe					<del></del>			
NFORMANT	Nancy Arambula				122 N. Connecticut S					· · · · · · · · · · · · · · · · · · ·			
	21a. METHOD OF	DISPOSITION	☐ Ento	mbment	21b. DATE AND PLACE other place)	OF DISPOSITIO	N (Name of cer	metery, crema		1c. LOCATIONC	ity or Town,		
	21	Cremation		oval from State		March 23,				Merrillville		~772416°	
		Other (Specif	y)		Calumet Pa		ery 15			$\subseteq$	, maran	a 10 11 0.1	
DISPOSITION	Jonathon F		160n	NIC	22b. EMBALMER'S		ATC	23. WA	IS DEATH REPORT	ED TO COMONER?	<b>X</b>	Ožm —	
}	24a. SIGNATURE				FD202000	CENSE NUMBER	JIA	DE NAME ADI	1	ISE NUMBEROF F	1		
†	1	7	75	This Do	1 .	of Licensee)	prop	~		NERAL SERVICE		~ ( C)	
					ake C40	098 <del>9</del> 37 T	ecor					H 300243	
	26. PART I. Enter the diseases, injuries, or complications tifat caused the death. Do not enter nonspecific terms such as cardiac or respiratory.												
		arrest, shock, or	heart failur	re. List only one cause on	each line.	line.					-	Approximate Interval Between	
	IMMEDIATE CAUSE	V	a.	r	WIE MYELDID			LEUREMIA - Onset and			Onset and Death		
:AUSE OF	resulting in death)	"		R AS A CONSEQUENC	E OF):				. =	D			
	Conditions, if any, wrise to the immedia		b.		AS A CONSEQUENC	E OF):			6				
	stating the underlyi		c.	DUE TO (OR AS A CONSEQUENCE OF):				Pon in				<del></del>	
	cause last		d.							MAY 0 4 2009			
Į.	PART II. Other signi	ficant conditions -	Condition	s contributing to death bu	t not previously stated in	Part I.	WAS BESTED		ORO WAS AN	UZOPOV INIGI	KATC	(P) Pindings	
ĺ					PR			VAS DECEDENT PREGNANT OR 90 DAYS OSTPARTUM?  288. WAS AN AUTO			COMPLETION OF CAUSE OF DEATH? (Yes or No)		
					ZIG RU	POSTPA (Yes or			AKE	COOM!	OUN COMPLETION OF CAUSE OF DEATH? (Yes or No)		
L		<u> </u>					NO		NU	<u>,                                      </u>	1	<u> </u>	
1	29a. CERTIFIER (Check only	A -		PHYSICIAN To the bes	of my knowledge, death	occurred at the	time, date, and	place, and du	e to the cause(s) as	stated.			
•	one) I			On the basis of examinati									
2	9b. SIGNATURE A			2 6		DIANA W	eani occurred a		DICAL LICENSE NO			Stated. D (Month, Day, Year)	
ERTIFIER		MIA	1 /	1 Link	ant of the second	Hilling		010	61816	<u> </u>	101	n 7	
. 3				COMPLETED CAUSE OF					- 1010		121	0.7.	
<u> </u>	Dr. Murigeppa Ashwin 8127 Merrillville Road Merrillville, Indiana 46410 (219) 769-4855												
EALTH FICER	1. HEALTH OFFICE	R'S SIGNATURE	A. Z	Bobroke &	n	<u>.</u>			32 DATE FILED (Month, Day, Year)				
3:	3. MANNER OF DEATH			34a. DATE OF INJURY	34b. TIME OF		RY AT WORK?	34d.	DESCRIBE HOW I	NJURY OCCURRED		<del>"</del>	
j	Natural [	Pending		(Month, Day, Year)	INJURY	(Yes	or No)					#!	
İ	Accident	Investigation	-				<del></del>						
ļ	_	Could Not Be		34e. PLACE OF INJURY- building, etc. (Spec	At home, farm, street, factory, office		341	. LOCATION	CATION (Street and Number or Rural Route Number, City or Town, State)				
	☐ Homicide	Determined				:		004633				ملام	
34	4g. DATE PRONOU	NCED DEAD (Mo	nth, Day,	Year) 34h. MOTOR V	s, specify drive	specify driver, passenger, pedestrian, etc.							
j													
<u>L.</u>	SURIUS UUA (	71_1. F				<del></del>						í	