

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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1677-03

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 (Margaret C. Soto), 2. SEX (Female), 3a. TIME OF DEATH (12:50A), 3b. DATE OF DEATH (July 11, 2003), 4. SOCIAL SECURITY NUMBER (467-46-0382), 5a. AGE (70), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (Feb. 23, 1933), 7. BIRTHPLACE (Mercedes, Texas), 8a. WAS DECEDENT A U.S. VETERAN? (No), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a. PLACE OF DEATH (Residence), 9b. FACILITY NAME (235 N. Wright Street), 9c. CITY, TOWN, OR LOCATION OF DEATH (Griffith), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Eutiquio Soto), 12a. DECEDENT'S USUAL OCCUPATION (Food Service), 12b. KIND OF BUSINESS/INDUSTRY (Hospital), 13a. RESIDENCE—STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Griffith), 13d. STREET AND NUMBER (235 N. Wright Street), 13e. ZIP CODE (46319), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (Yes, Mexican), 16. RACE (White), 17. DECEDENT'S EDUCATION (12), 18. FATHER'S NAME (Eligio Castillo), 19. MOTHER'S NAME (Maria Castillo), 20a. INFORMANT'S NAME (Eutiquio Soto), 20b. MAILING ADDRESS (235 N. Wright St. Griffith, In. 46319), 20c. Relationship (Husband), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (July 14, 2003, Chapel Lawn Cemetery), 21c. LOCATION (Schererville, Indiana), 22a. EMBALMER'S NAME (David R. Peterson), 22b. EMBALMER'S LICENSE NO. (FDO8601585), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (David R. Peterson), 24b. LICENSE NUMBER (FDO8601585), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Kuiper Funeral Home 9039 Kleinma Rd. Highland, In. 46322 FH1990000), 26. PART I. Enter the diseases, injuries, or complications that caused the death. IMMEDIATE CAUSE (Final disease or condition resulting in death): HYPOTENSION AND APNEA DUE TO (OR AS A CONSEQUENCE OF) CHRONIC MYELOID LEUKEMIA. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: 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? (N/A), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER (Susan W. Butts, MD), 29c. MEDICAL LICENSE NO. (01042940), 29d. DATE SIGNED (July 15, 2003), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Dr. N. Gupta, 929 RIDGE ST. S. MONROE, IN 46321), 31. HEALTH OFFICER'S SIGNATURE (Susan W. Butts), 32. DATE FILED (July 15, 2003), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY (Jul 30 2009), 34b. TIME OF INJURY (11:00), 34c. INJURY AT WORK? (Yes), 34d. DESCRIBE HOW INJURY OCCURRED (Peggy Holinga Katona, Lake County Auditor), 34e. PLACE OF INJURY (At home, factory, office, building, etc. (Specify)), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



Vertical stamp: 2009 JUL 15 11:00 AM STATE OF INDIANA LAKE COUNTY RECORDER'S OFFICE

FILED stamp: PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Handwritten notes: \$11, CK 7754, CR