



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1743-09

State No.

1. Decedent's Legal Name (First, Middle, Last) MARCELLE A. TERZIAN				1a. Maiden Last Name (If Female) ARAKELIAN		2. Sex F	3. Time Of Death 3:10 PM	4. Date Of Death (Month/Day/Year) APRIL 29, 2009	
5. Social Security Number 354-30-5902	6a. Age Yrs 86	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) April 15, 1923		8. Birthplace (City And State Or Foreign Country) FRANCE	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input checked="" type="checkbox"/> Other (Specify) DAUGHTER'S HOME				
11. Facility Name (If Not Institution, Give Street And Number) 1906 FAIRWAY DRIVE									
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name N/A			16. Decedent's Usual Occupation SELF-EMPLOYED		17. Kind Of Business/Industry CLEANERS	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town MUNSTER				
18c. Street And Number 1661 TULIP LANE					18d. Apt. No.		18e. Zip Code 46321		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education High school graduate or GED completed			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) KEVORK ARAKELIAN			23. Mother's Name (First, Middle, Last) NECTAR ARAKELIAN			23a. Mother's Maiden Last Name NERC EBSIN			
24. Informant's Name GISELE O'SHEA			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1906 FAIRWAY DRIVE, MUNSTER, INDIANA 46321				
25a. Method Of Disposition: <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOMEWOOD MEMORIAL GARDENS			25c. Location - City, Town, And State HOMEWOOD, ILLINOIS				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307			27a. Funeral Home License Number: 0002445				
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>			27c. License Number Of Licensee: 010099		27d. License Number Of Licenses: 010099				
28. 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 A Line. Add Additional Lines If Necessary. Cause Of Death (See Instructions And Examples) Approximate Interval: Onset To Death Demencia <i>leaves</i> A. _____ Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Due To (Or As A Consequence Of): 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									
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			38c. Apt. No. <input type="checkbox"/> 38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <i>Fadi Alzeidan</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: FADI ALZEIDAN, M.D., 7863 BROADWAY, STE. 211, INDIANA 46410						44. License Number 01053057		45. Date Certified 5/1/09	
46. Additional Funeral Service Provider: ROBERT J. SHEEHY & SONS FUNERAL HOME, 9000 W. 151ST ST., ORLAND PARK, IL 60462						47. *Akas: 003550			
48. Signature of Local Health Officer: <i>Susan W. Bert D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): May 1, 2009			

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JUL 20 2009
LAKE COUNTY RECORDER
MUNSTER, INDIANA
APPROXIMATE INTERVAL: ONSET TO DEATH
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