

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. 393709

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-19-3

TYPE/PRINT IN PERMANENT BLACK INK

PRECEDENT

PARENTS

INFORMANT

DISPOSITION

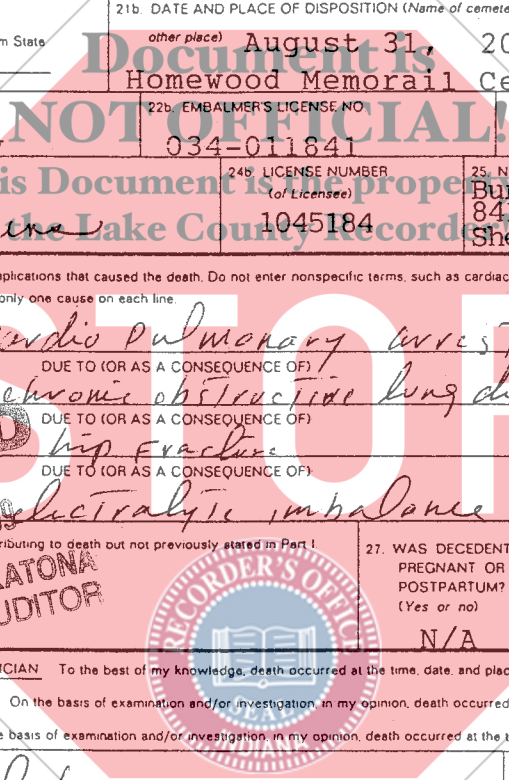
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Sebuh Terzian		2 SEX Male	3a TIME OF DEATH 2:15pM	3b DATE OF DEATH (Month, Day, Yr.) August 27, 2000	
4 *SOCIAL SECURITY NUMBER 324-34-2883	5a AGE—Last Birthday (Years) 79	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) March 15, 1921	7 BIRTHPLACE (City and State or Foreign Country) Turkey
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 1661 Tulip Lane		9c CITY, TOWN, OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Marcelle Arakelian	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Shoe Maker		12b KIND OF BUSINESS/INDUSTRY Self Employed	
13a RESIDENCE—STATE In.	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Munster		13d STREET AND NUMBER 1661 Tulip Lane	
13e ZIP CODE 46321	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (K-8) 8 Secondary (9-12) 8 College (1-4 or 5+) 0
18 FATHER'S NAME (First, Middle, Last) Dirtat Terzian			19 MOTHER'S NAME (First, Middle, Maiden Surname) Barkevuhi Varteresian		
20a INFORMANT'S NAME (Type/Print) Marcelle Terzian		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1661 Tulip Lane Munster, In. 46321		20c Relationship Wife	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 31, 2000 Homewood Memorial Cemetery		21c LOCATION—City or Town, State Homewood, IL	
22a EMBALMER'S NAME Robert J. Sheehy		22b EMBALMER'S LICENSE NO. 034-011841		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b LICENSE NUMBER (of Licensee) 1045184		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321 (For Sheehy & Sons/Orland PK, IL Signature	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardio Pulmonary arrest DUE TO (OR AS A CONSEQUENCE OF) chronic obstructive lung disease DUE TO (OR AS A CONSEQUENCE OF) hip fracture DUE TO (OR AS A CONSEQUENCE OF) electrolytic imbalance				26b APPROXIMATE INTERVAL BETWEEN DEATH AND COMPLETION OF THIS CERTIFICATE SEP 01 2000	
PART II Other significant conditions contributing to death but not previously stated in Part I				27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) N/A	
28a WAS AN AUTOPSY PERFORMED? (Yes or no) No				28b WERE COMA SIGNONES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated					
29b SIGNATURE AND TITLE OF CERTIFIER <i>W. Ahdab</i>		29c MEDICAL LICENSE NO. 01046859A		29d DATE SIGNED (Month, Day, Year) 8/30/00	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. W. Ahdab 7400 Columbia Ave, Hammond, IN 46324					
31 HEALTH OFFICER SIGNATURE <i>Alexander A. Williams, M.D.</i>				32 DATE FILED (Month, Day, Year) September 1, 2000	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED 003551
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

45-07-29-151-019,000-027
9295419
FILED
JUL 20 2009
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



2000
05328
STATE OF INDIANA
LAKE COUNTY
RECORDER'S OFFICE
FILED
SEP 01 2000