

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

620092772

Local No. 923-05

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEASED
PARENTS
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) David L. Worthington				2. SEX Male		3a. TIME OF DEATH 1:57 AM		3b. DATE OF DEATH (Month, Day, Yr.) March 29, 2005	
4. SOCIAL SECURITY NUMBER XXX-XX-5724		5a. AGE-Last Birthday (Years) 58		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) August 10, 1946	
7. BIRTHPLACE (City and State or Foreign Country) Anderson County, Tennessee		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
8a. WAS DECEASED A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1972		9b. FACILITY NAME (If not institution, give street and number) Southlake Methodist Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville, IN	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Milka Pancheff		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Ironworker				12b. KIND OF BUSINESS/INDUSTRY Construction	
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary			13d. STREET AND NUMBER 3271 West 47th Avenue		
13a. ZIP CODE 46408		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. AS DECEASED 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	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5) 4							
18. FATHER'S NAME (First, Middle, Last) John Frank Worthington					19. MOTHER'S NAME (First, Middle, Maiden Surname) Lorene Stooksbury				
20a. INFORMANT'S NAME (Type/Print) Milka Worthington				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3271 West 47th Avenue, Gary, IN 46408				20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) April 1, 2005 Calumet Park Cemetery				21c. LOCATION-City or Town, State Merrillville, IN	
22a. EMBALMER'S NAME Edgar C. Gleim				22b. EMBALMER'S LICENSE NO FD01016173		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>CA. Kuiper</i>				24b. LICENSE NUMBER (of Licensee) FD01014511		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322 FH1030002			
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) a. Acute Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): b. Hypertension DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions if any, which gave rise to the immediate cause, stating the underlying cause last. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Hypertension									
27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		Approximate Interval Between Onset and Death Minutes Years	
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>[Signature]</i>						29c. MEDICAL LICENSE NO 01033371		29d. DATE SIGNED (Month, Day, Year) 3-31-05	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Michael Kovacich M.D. 8777 Broadway, Merrillville, IN 46410									
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						THIS CERTIFIES THE ABOVE IS A COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT FILED APR 16 2005 13 th CT			
33. MANNER OF DEATH <input checked="" 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 LAKE COUNTY AUDITOR		
34a. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)			34i. LOCATION-City or Town, State LAKE COUNTY AUDITOR						
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 016465					

No: 620092772

LEGAL DESCRIPTION

PARCEL 1: The North 75 feet of the South 1182 feet of the West Half of the West Half of the East Half of the Southeast Quarter of the Northeast Quarter of Section 31, Township 36 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana.

PARCEL 2: The North 75 feet of the South 1107 feet of the West half of the West Half of the East Half of the Southeast Quarter of the Northeast Quarter of Section 31, Township 36 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana.

PARCEL 3: Lot 6, in Oak Canyon Estates Unit No. 2, as per plat thereof, recorded in Plat Book 56 page 61, in the Office of the Recorder of Lake County, Indiana.

Parcel # 45-08-31-280-007,000-001
45-08-31-280-008,000-001
45-08-31-280-001,000-001

