INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

4074-19 45-12.08.203.005.000.030

Local No 1. Decedent's Legal Name (First, Middle, Last)	_	State No						***************************************			
1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Last N	lame (If Female)		2. Sex 3. Tim		e Of Death 4. Date Of Death (Month/Day/Year)					
Samuel E. Trevino				-		Male)6 am		1, 2009	
Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date	Of Birth (Month/Day	y/Year)	8. Birthplace (Cit	y And State Or I	oreign Country)	
449-64-5190 72	Months	Days	Hours	Minutes	, -	15, 193		Mexi	со		
9. Ever in U.S. Armed Forces? 10. If Death		10a. If Death Occurred Somewhere Other Than A Hospital:									
☐ Yes ★ No Unknown ☐ ☐ Inpatient ☑ Emergency Department Outpatient ☐ Dead On Arrival ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)										ify)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
Southlake Method: 12. City Or Town, State, And Zip Code	ist Hosp	ital									
12. City Of Town, State, And Zip Code		13. Coun	y Of Death		1	14. Marital Status					
Merrillville, Indiana 46410					Lake	<u>:</u>		☐ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Hower Married ☐ Unknown			
15. Surviving Spouse's Name	15a. (If Wife)Giv	e Maiden Last Name	16. Decedent's Usual Occupation				17. Kind Of Business/Industry				
Elena Trevino	Marti	nez	Sandman Operator				Inland Steel Company				
18. Residence – State 18a. County				18b. City Or Town							
Indiana	Lake		Merrillville								
18c. Street And Number				18d. Apt. No.				18e. Zip Code 18f. Inside City Limits?			
6155 Cleveland	d Street							1.61	درع	X Yes □ No	
19. Decedent's Education	0. Decedent Of Hispan	ic Origin	21	21. Decedent's Race			46410				
Elementary - 6	Yes - Me	vican	White				CT				
22. Father's Name (First, Middle, Last)			Alcan	23. Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name			
Raul Trévino											
24. Informant's Name 24a. Relationship To Decedent				Guadalupe Trevino 24b. Mailing Address (Street And Number, City, State, Zip Code)				Montemayor			
Elena Trevino	Decedent						11 T	- 14 / / / / 16			
A DIGING THEVENS	6155 Cleveland Street, Merrillville, Indina 46410										
25a. Method Of Disposition.	25b. Place C	f Disposition (Name Of	Cemetery, Crematory	lace Of Disposition y, Other Place)		n – City, Town, And	State	1000			
Burial Cremation Donation Entombm		cember 5,						Ō		The state of the s	
Country Removal From State Other (Specify):	Cal	umet Parl	k Cemete	ry	Merr	illvill	e, In	diana	46410	71	
26. Was Coroner Contacted? 27. Nan	ne And Complete Add	ress Of Funeral Facility					\		27a. Funeral	Home License Number:	
□ Yes 払 No	E FUNER	L HOME, apolis Bl	incmeni	t 1s the	prope	rty of	312	ā>		001512	
27b. Signature Of Indiana Funeral Service Licensee:	Lilutane	the L	ake Go	unity K	ecord	27c. License	312	Tru.	TO JU	Contract of the Contract of th	
John P.	7.1/2			✓		27C. License		1020366	(***)	Target St.	
	gen		Of D41- (D -	I de la companya de l			FDO	1020300			
28. Part I. Enter The Chain Of Events—Dis	eases, Injuries, Or	Complications—Th	at Directly Cauce	e Instructions and The Death, Do	Not Enter Tormi	nol Events				Approximate	
Such As Cardiac Arrest, Respiratory Arrest, A Line. Add Additional Lines If Necessary.	Or Vent <mark>ricular F</mark> ibi	illation Without Sho	wing The Etiology	/. Do Not Abbrevia	ate. Enter Only	One Cause On				Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition	n Resulting In De	ath A	√		agu	LOV CO	MI	o Muse	· .	10 Death	
Sequentially List Conditions If Any Loading	To The Cours Lie	ted On B.		*	Due To (Or As A	Consequence Of):	,				
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated											
The Events Resulting In Death) Last		c _			Due To (Or As A	Consequence Of):					
Part II. Enter Other Significant Conditions Contribution	T. D. W. D. (1)	D.									
Part II. Enter Other Significant Conditions Contribution	g to Death But Not R	esulting in The Underlyi	ng Cause Given In P	ER'C		opsy Findings Avail		Yes In No	Of Death?		
24 Did Tahana Ha Ondributa T. B. di a			Tiok.	0.0	<u> </u>			piete The Gause	OI DEMIII:	Yes No	
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☐ Unknown	32 If Female:	Within Past Year	ant At Time Of Death	Naga - I dan		/	nner Of Deat				
34. Date Of Injury (Month/Day/Year)	☐ Not Pregnant	But Pregnant 43 Days To 1	Year Before Death	Unknown if Pregnant With	in The Past Year	☐ Suici	rle IT Could No	≥ 🖸 Accident 🗖 Po ot Be Determined	-		
(World Day Tear)	35. Time Of In	ijury	36. Pla	ice Of Injury (E.G., De	cedent's Home, Co	onstruction Site, Re	staurant, Woo	oded Area)	37. In	jury At Work?	
38. Location Of Injury - State	1 20- Cit. O. T		(HIS 6	erfifies the Al	OVE IS A TRU	E AND COMPLE	ETE		-	Yes No	
os. Essauon on injury - state	38a. City Or To	own	(ASE)	CHUMPY HEALTH	ALE UP DEALE VEDADTMENT	ON PILE WITH	HE !	38c. Apt. No.	38d. Zip	Code	
			2000	A CONTRACTOR OF THE PARTY OF TH			-			711	
39 Describe How Injury Occurred					0 0 00	3.6	- 8	ion Injury, Specify		26	
				A MAL	, V3 4U	la 🗅 pr	wer/Operator	□ Passenger □ P	edestrian 🗖 Othe	(Specify)	
41. Signature, Of Person Certifying Cause Of Death:		· · · · · · · · · · · · · · · · · · ·	W T	COUNTY OF THE CO	9 42	Certifier (Check C	Only One)			-	
J				108 m	MAN	Certifying Physic	cian 🔲 Cord	ner 🔲 Health O	fficer	and	
43. Name, Address And Zip Code Of Person Co	ertifying Cause Of I	Death:	THE	L ~	WKNING()PA 4	4. License N	umber	45. Date C		
PR R. SHAH- 200 E.	A LA COME.	124 (1)	70 V	4AH.	007 101	121	103/119				
46. Additional Funeral Service Provider:		1	ill Ville	A LIVILLE		4	7. *Akas:	· · · / U 6	, 1		
48. Signature of Local Health Officer:			PECK	COUNT		- FARE	ac				
			Fre service			. For Registrar Or N⊾	ny – ∪ate Fil	eu (Ivionth/Day/Ye	ear):		
			(12148	3	Dag.	. / .	123	ALA		