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# PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
155 Indiana Ave Suite 104
Valparaiso IN 46383

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

TYPE/PRINT IN PERMANENT BLACK INK

## DECEDENT

1. DECEASED–NAME (First Middle Last): CHARLES E. DARRELL
2. SEX: Male
3a. TIME OF DEATH: 11:40AM
3b. DATE OF DEATH (Month Day Yr): December 21, 2005
4. SOCIAL SECURITY NUMBER: [redacted]-6079
5a. AGE - Last Birthday (Years): 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo Day Yr): March 15, 1913
7. BIRTHPLACE (City and State or Foreign Country): Canonsburg, Pennsylvania
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: ☒ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Regency Hospital-Porter Cnty
9c. CITY TOWN OR LOCATION OF DEATH: Portage
9d. COUNTY OF DEATH: Porter
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Estelle Zwingalis
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Industrial Management
12b. KIND OF BUSINESS INDUSTRY: Steel
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Lake
13c. CITY TOWN OR LOCATION: Lake Station
13d. STREET AND NUMBER: 2320 Riverside Drive
13e. ZIP CODE: 46405
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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/Secondary (0-12) / College (1-4 or 5+): 5+

## PARENTS

18. FATHER'S NAME (First, Middle, Last): Not Available
19. MOTHER'S NAME (First, Middle, Maiden Surname): Not Available

## INFORMANT

20a. INFORMANT'S NAME (Type/Print): Estelle Darrell
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2320 Riverside Drive, Lake Station, IN 46405
20c. Relationship: Wife

## DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): December 23, 2005 Calvary Cemetery
21c. LOCATION - City or Town, State: Portage, Indiana
22a. EMBALMER'S NAME: James J. Krause
22b. EMBALMER'S LICENSE NO.: FD01006463
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FDO1006049
25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Rees Funeral Home, Brady Chapel 3781 Central Avenue, Lake Station, IN 46405

2009 082176

## CAUSE OF DEATH

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. Resp arrest
DUE TO (OR AS A CONSEQUENCE OF)
b. Aspiration Pneumonia
DUE TO (OR AS A CONSEQUENCE OF)
c. Complicated D.M
DUE TO (OR AS A CONSEQUENCE OF)
d. Heel ulcer

Conditions if any which gave rise to the immediate cause stating the underlying cause last

Approximate Interval Between Onset and Death: hr / yr / yr

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.
27. WAS DECEDENT 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

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2009 DEC 11 AM
MICHAEL A. BROWN RECORDER

TICOR HBT 929-8446

## CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature]
29c. MEDICAL LICENSE NO: 01044934A
29d. DATE SIGNED (Month Day Year): 12-22-05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Abdus Lakhani, MD, 2102 E. Evans Avenue, Valparaiso, IN 46383

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## HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] MD
32. DATE FILED (Month Day Year): Dec 22, 2005

FILED
DEC 08 2009
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month Day Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
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.

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45-09-17-376-006.000-021

SDH08-004 State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1

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