



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3960-09 State No. 45-06-24-279-012,000-027

1. Decedent's Legal Name (First, Middle, Last) Virginia Machuca				1a. Maiden Last Name (If Female) Martinez		2. Sex Female		3. Time Of Death 5:39 am		4. Date Of Death (Month/Day/Year) November 21, 2009	
5. Social Security Number 316-14-9944		6a. Age - Yrs 93		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 27, 1916				8. Birthplace (City And State Or Foreign Country) San Antonio, TX							
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home / Long Time Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) 643 South St. #207											
12. City Or Town, State, And Zip Code Munster, IN 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				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation Oiler		17. Kind Of Business/Industry Inland Steel	
18. Residence - State IN			18a. County Lake			18b. City Or Town Munster					
18c. Street And Number 643 South St.						18d. Apt. No. 207		18e. Zip Code 46321		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 8		20. Decedent Of Hispanic Origin Yes, Mexican/Mexican American/Chicano				21. Decedent's Race White,					
22. Father's Name (First, Middle, Last) Maclovio Martinez				23. Mother's Name (First, Middle, Last) Paula Martinez				23a. Mother's Maiden Last Name Gonzalez			
24. Informant's Name Robert Vega		24a. Relationship To Decedent Nephew		24b. Mailing Address (Street And Number, City, State, Zip Code) 650 Newton St., Gary, IN 46403							
25. Place Of Disposition Calumet Park Cemetery, Merrillville, IN											
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)				25c. Location - City, Town, And State					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns-Kish Funeral Home, 8415 Calumet Ave, Munster, IN 46321-2521						27a. Funeral Home License Number: 3004968			
27b. Signature Of Indiana Funeral Service Licensee: <i>Thomas Burns</i>						27c. License Number (Of Licensee): 1045184					
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 On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Metastatic Gastric Cancer Due To (Or As A Consequence Of): B. Due To (Or As A Consequence Of): C. Due To (Or As A Consequence Of): D. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
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"/> Pregnant, But Pregnant Within 42 Days Of 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 type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code \$11			
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) CS					
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</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: G. Jano, MD 929 Ridge Road Munster, IN 46321						44. License Number Y0000256		45. Date Certified Nov. 23, 2009			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Office: <i>Susan J But. so.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): November 23, 2009					

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STOP
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MICHAEL A. BROWN
RECORDER
INDIANA
COUNTY RECORDER

2009 082293

Approximate Interval Onset To Death
1 Year