



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

45-08-04-202-007.000-004  
45-08-08-405-038.000-004

Local No. .... State No. ....

1 Decedent's Legal Name (First, Middle, Last) <b>James A. Demic Sr.</b>		1a Maiden Last Name (If Female)		2 Sex <b>Male</b>		3 Time Of Death <b>4:10 PM</b>		4 Date Of Death (Month/Day/Year) <b>December 2, 2009</b>	
5 Social Security Number <b>486-34-9110</b>		6a Age - Yrs <b>78</b>		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) <b>March 2, 1931</b>		8 Birthplace (City And State Or Foreign Country) <b>Hannibal, Missouri</b>					
9 Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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 checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11 Facility Name (If Not Institution, Give Street And Number) <b>VNA Horton Hospice Center</b>									
12 City Or Town, State And Zip Code <b>, Indiana</b>				13 County Of Death <b>Porter</b>		14 Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15 Surviving Spouse's Name <b>Essie Demic</b>			15a (If Wife) Give Maiden Last Name <b>Bailey</b>			16 Decedent's Usual Occupation <b>Burner</b>		17 Kind Of Business/Industry <b>U.S. Steel</b>	
18 Residence - State <b>Indiana</b>		18a County <b>Lake</b>		18b City Or Town <b>Gary</b>					
18c Street And Number <b>1533 McKinley Street</b>				18d Apt. No.		18e Zip Code <b>46404</b>		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19 Decedent's Education <b>High School Graduate / GED</b>		20 Decedent Of Hispanic Origin <b>Non-Hispanic</b>		21 Decedent's Race <b>African American</b>					
22 Father's Name (First, Middle, Last) <b>Pearl A. Demic</b>				23 Mother's Name (First, Middle, Last) <b>Mary Demic</b>		23a Mother's Maiden Last Name <b>Smith</b>			
24 Informant's Name <b>Essie Demic</b>		24a Relationship To Decedent <b>Wife</b>		24b Mailing Address (Street And Number, City, State, Zip Code) <b>1533 McKinley Street Gary, Indiana 46404</b>					
24c Place Of Disposition <b>Oak Hill Cemetery</b>		25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Gary, Indiana 46408</b>		25c Location - City, Town, And State <b>Gary, Indiana 46408</b>					
26a Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		26b Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27a Name And Complete Address Of Funeral Facility <b>Smith, Bizzell &amp; Warner Funeral Home 4209 Grant Street, Gary, Indiana 46408</b>		27b Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>		27c License Number (Of Licensee) <b>FD29700057</b>	
27d Name And Complete Address Of Funeral Home <b>Smith, Bizzell &amp; Warner Funeral Home 4209 Grant Street, Gary, Indiana 46408</b>		27e Funeral Home License Number <b>FH10500021</b>		28 Cause Of Death (See Instructions And Examples) 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 <b>Metastatic lung cancer</b> Due To (Or As A Consequence Of) B <b>Malignant pleural effusion</b> Due To (Or As A Consequence Of) C Due To (Or As A Consequence Of) D Approximate Interval: Onset To Death <b>7 months</b>					
Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I				29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30 Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probable <input type="checkbox"/> No <input type="checkbox"/> Unknown		32 If Female <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Unknown <input type="checkbox"/> Pregnant Within 42 Days Of Death		33 Manner Of Death <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Homicide <input type="checkbox"/> Did 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 checked="" type="checkbox"/> No		38 Location Of Injury - State		38a City Or Town		38b Street & Number <b>JAN 27 2010</b>	
38c Apt. No.		38d Zip Code <b>46404</b>		39 Describe How Injury Occurred <b>PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</b>					
41 Signature Of Person Certifying Cause Of Death <i>Mridula Prasad</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 <b>Mridula Prasad MD 9250 Columbia Ave, Muncie IN 47302</b>				44 License Number <b>#01032446</b>		45 Date Certified <b>12/7/09</b>			
46 Additional Funeral Service Provider				47 *Akas		48 Signature of Local Health Officer <i>Henry A. Bobroka MD</i>			
49 For Registrar Only - Date Filed (Month/Day/Year) <b>000324</b>				49 For Registrar Only - Date Filed (Month/Day/Year) <b>December 9, 2009</b>					

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