



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-08-28-185-016-000-004

Local No. 322-10

State No.

1. Decedent's Legal Name (First, Middle, Last) PAUL LUCAS				1a. Maiden Last Name (If Female)		2. Sex Male	3. Time Of Death 8:47p.m.	4. Date Of Death (Month/Day/Year) Jan. 30, 2010	
5. Social Security Number 315-38-9440		6a. Age - Yrs 61	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) Feb. 3, 1938		8. Birthplace (City And State Or Foreign Country) Gary, Indiana
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 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) William Riley Memorial Residence									
12. City Or Town, State, And Zip Code Munster, Indiana					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 type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name None			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Steelworker		17. Kind Of Business/Industry U.S. Steel Co.		
18. Residence - State Indiana		18a. County Lake			18b. City Or Town Gary				
18c. Street And Number 4089 Polk St.					18d. Apt. No.		18e. Zip Code 46408	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12		20. Decedent Of Hispanic Origin			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Ignatz Lucas			23. Mother's Name (First, Middle, Last) Rose Lucas			23a. Mother's Maiden Last Name Leckman			
24. Informant's Name Vera Baldauf			24a. Relationship To Decedent Sister		24b. Mailing Address (Street And Number, City, State, Zip Code) 5537 Georgia St. Merrillville Ind. 46310				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Northwest Ind. Cremation		25. Place Of Disposition		25c. Location - City, Town, And State Crown Point, Indiana			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rendina Funeral Home, 5100 Cleveland St. Gary, Ind. 46408					27a. Funeral Home License Number: FH83007819		
27b. Signature Of Indiana Funeral Service Licensee: <i>Anthony S. Rendina</i>					27c. License Number (Of Licensee): FD01010402				
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. Respiratory failure Immediate Cause (Final Disease Or Condition) Resulting In Death: A. Respiratory failure Due To (Or As A Consequence Of): B. emphysema Due To (Or As A Consequence Of): C. Due To (Or As A Consequence Of): D. Due To (Or As A Consequence Of):									
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 checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <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"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within Past Year			33. Manner Of Death: <input 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) 025667			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 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR		38c. Apt. No.		38d. Zip Code 46408	
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) 09				
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: 8895 Broadway Merrillville B. HARRIS M.D., 46310					44. License Number 01035172		45. Date Certified 2-1-10		
46. Additional Funeral Service Provider:					47. *AKas:				
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year): February 2, 2010				

Document is NOT OFFICIAL!
This document is the property of the Lake County Recorder!

FILED
MICHELLE P. FREEMAN
RECORDER
2010 MAR -4 AM 11:10
LAKE COUNTY INDIANA
FILED FOR RECORD

2010 011930

