

**STATE OF IOWA
CERTIFICATION OF VITAL RECORD**

STATE OF IOWA County Record

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH 114-

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	BIRTH NUMBER		DECEASED'S NAME			DATE OF DEATH (Mo Day Yr)		
	1		Cecilio Dondiego			2 June 27, 2008		
SEX	AGE LAST BIRTHDAY (Years)	UNDER 1 YEAR (MOS DAYS)	UNDER 1 DAY (HRS MIN)	DATE OF BIRTH (Mo Day Yr)		COUNTY OF DEATH		
	3 Male	4a 48	4b	4c	5 November 26, 1959	6a Blackhawk		
FACILITY NAME (If not institution give street and number)					CITY TOWN OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify yes or no)	
6b Sartori Memorial Hospital					6c Waterloo			6d Yes
HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)								
DECEDENT	WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below. If yes specify Cuban Mexican Puerto Rican etc)			RACE White Black American Indian etc (Specify)		DECEDENT'S EDUCATION (Specify only highest grade completed)		
	7. <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES Specify Mexican			8 Hispanic		9 10		
USUAL RESIDENCE WHERE DECEDENT LIVED IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION, GIVE INSTITUTION ADDRESS AS RESIDENCE	BIRTHPLACE (City & State or Foreign Country)		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)		SPOUSING SPouse (If with give maiden name)	
	10 Mexico		11 Mexico		12a Married		12b Maria Cardenas	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no)		
13 318-58-4607		14a Truck Driver		14b Transportation		15 No		
RESIDENCE - STATE		COUNTY		CITY TOWN OR LOCATION		STREET AND NUMBER OF RESIDENCE		
16a Indiana		16b Lake		16c Cedar Lake		16d 9331 W. 136th Place		
INSIDE CITY LIMITS (Specify yes or no)		16e Yes		16f Yes				
PARENTS		FATHER'S NAME FIRST MIDDLE LAST			MOTHER'S NAME FIRST MIDDLE MAIDEN			
17		Jose D. Dondiego			18 Consuelo Avila			
INFORMANT		INFORMANT'S NAME			MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)			
19a		Jose D. Dondiego			19b 45 South Blvd. Apt. 2W Oak Park, IL 60362			
BURIAL		METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of Cemetery Crematory or other place)		LOCATION (City or Town State)		
20a		<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b German Methodist Cemetery		20c Cedar Lake, Indiana		
21a		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)		DATE RECEIVED BY REGISTRAR (Mo Day Yr)		
21a		<i>Joseph D. Little</i>		21c Ankeny Funeral Home and Crematory 516 W. First Street, Ankeny, Iowa 50023		22b 2008-633 JUL 16 2008		
REGISTRAR		REGISTRAR'S SIGNATURE		DATE RECEIVED BY REGISTRAR (Mo Day Yr)		HOUR OF DEATH		
22a		<i>Judith A. McCarthy</i>		22b 2008-633		22c 1118 AM		
CAUSE OF DEATH		MANNER OF DEATH		DATE OF INJURY (Mo Day Yr)		HOUR OF INJURY		
23		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Accident <input type="checkbox"/> Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		24a		24b M		
23		PLACE OF INJURY (Specify at home farm street factory office building etc)		24c		24d		
23		24e		24f		24g		
25a		NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)		DATE SIGNED (Mo Day Yr)		HOUR OF DEATH		
25a		Michele J. Catellier, MD, Associate State Medical Examiner, 2250 S. Ankeny Blvd., Ankeny, IA 50023-9093 Lic. #36906		25b 7/12/2008		25c 1118 AM		
26		NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print)		27		28		
26		Michele J. Catellier, MD, Associate State Medical Examiner, 2250 S. Ankeny Blvd., Ankeny, IA 50023-9093 Lic. #36906		27		28		
28		PART I Enter the diseases injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest shock or heart failure. List only one cause of each line.		28		28		
28		Final disease or condition resulting in death		IMMEDIATE CAUSE		Approximate Interval Between Onset and Death		
28				(a) Sudden cardiac death		Minutes		
28		Sequentially list conditions if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(b) DUE TO (OR AS A CONSEQUENCE OF) Atherosclerotic cardiovascular disease		Years		
28				(c) DUE TO (OR AS A CONSEQUENCE OF)				
28				(d) DUE TO (OR AS A CONSEQUENCE OF)				
29		PART II a Other significant conditions contributing to death but not resulting in the underlying causes given in Part I		b IF FEMALE WAS THERE A PREGNANCY IN THE MONTHS PRECEDING DEATH? (Specify yes or no)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)		
29				29a No		29b Yes		

Parcel # 45-15-27-154-003-000-014

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2008-633

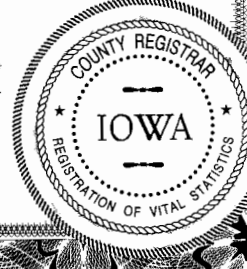
FILED
MAR 26 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR 026019

1100
CS
RM

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.
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JUL 16 2008 BY *Judith A. McCarthy* **BLACK HAWK**
DATE ISSUED COUNTY REGISTRAR OF VITAL RECORDS OF COUNTY

C2671357
FORM #588-0328C (07/2007) **WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY**



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