

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) Fredric Steven Markis				1a. Maiden Last Name (If Female)		2. Sex Male		3. Time of Death 5:23 PM		4. Date of Death (Month/Day/Year) December 14, 2008		
5. Social Security Number 0087 81		6a. Age - Yrs 81		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		
		7. Date of Birth (Month/Day/Year) September 15, 1927		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) Horton VNA Hospice												
12. City Or Town, State, and Zip Code Valparaiso, Indiana 46383						13. County Of Death Porter			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 Barber/Beautician		17. Kind Of Business Industry Beauty Salon		
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Merrillville			18d. Apt. No.		18e. Zip Code 46410	
18c. Street And Number 417 W. 75th Place										18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 12			20. Decedent Of Hispanic Origin Non-Hispanic			21. Decedent's Race White						
22. Father's Name (First, Middle, Last) Steven Martakis				23. Mother's Name (First, Middle, Last) Ida Martakis				23a. Mother's Maiden Last Name Pachoyas				
24. Informant's Name Marcia Shurr			24a. Relationship To Decedent Daughter			24b. Mailing Address (Street And Number, City, State, Zip Code) 2010 Sherwood Drive Valparaiso, Indiana 46385						
25a. 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):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Calumet Park Cemetery			25c. Location - City, Town, And State Merrillville, Indiana 46410						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen Funeral Home, Merrillville 7905 Broadway, Merrillville, Indiana 46410				27a. Funeral Home License Number: FB40860005						
27b. Signature Of Indiana Funeral Service Licensee: <i>Alycia J. Lewis</i>						27c. License Number (Of Licensee): FD08600505						
Cause Of Death (See Instructions And Examples)												
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.										Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death)										years		
A. COPD										years		
B. Cardiomyopathy										years		
C. HTN										years		
D. CAD										years		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I										28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input 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 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 <input type="checkbox"/> Pregnant At The 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)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State			38a. City Or Town JUN 28 2010			38b. Street & Number PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR			38c. Apt. No.			
38d. Zip Code						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41. Signature, Of Person Certifying Cause Of Death <i>Fadi Alzeidan</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: Fadi Alzeidan, 7863 Broadway, Merrillville, Indiana 46410						44. License Number 0653003A		45. Date Certified 12/16/08				
46. Additional Funeral Service Provider:						47. *Akas: FRED MARTAKIS						
48. Signature of Local Health Officer: <i>Henry A. Bebrocke MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): December 19, 2008 FN						

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STATE OF INDIANA
LAKE COUNTY
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