

INDIANA STATE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

Parcel No. 45-03-08-155-004.000-025



Local No. 2243-10

State No.

1. Decedent's Legal Name (First, Middle, Last) JOSEPH TOMERA				1a. Maiden Last Name (if Female) N/A		2. Sex M	3. Time Of Death 10:40 P.M.	4. Date Of Death (Month/Day/Year) JULY 12, 2010			
5. Social Security Number 316-05-4255		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) NOVEMBER 17, 1916		8. Birthplace (City And State Or Foreign Country) WHITING, 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 type="checkbox"/> Hospice Facility <input checked="" 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) 1915 SCHRAGE AVENUE											
12. City Or Town, State, And Zip Code WHITING, INDIANA 46394					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 NONE			15a. (If Wife) Give Maiden Last Name N/A			16. Decedent's Usual Occupation TRUCK DRIVER		17. Kind Of Business/Industry REFINERY			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town WHITING			18d. Apt. No.	18e. Zip Code 46394	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 1915 SCHRAGE AVENUE			19. Decedent's Education 9-12th grade, no diploma	20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) MARTIN TOMERA				23. Mother's Name (First, Middle, Last) VICTORIA TOMERA			23a. Mother's Maiden Last Name HEBDA				
24. Informant's Name MRS. PAULA TIMKO			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1948 LINCOLN AVENUE, WHITING, INDIANA, 46394						
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) JULY 17, 2010 ST. JOHN CEMETERY			25c. Location - City, Town, And State HAMMOND, INDIANA					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BARAN & SON, INC., 1235-119TH STREET, WHITING, INDIANA 46394									
27b. Signature of Indiana Funeral Service Licensee: <i>[Signature]</i>										27c. License Number Of Licensee: PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR DEB 0143458	
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. Right core lobe pneumonia Approximate Interval: Onset To Death 6 days B. Renal insufficiency 6 wks C. Acute heart failure 1 yr. D. Carcinoma of prostate 5 yr 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					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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 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			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)			38c. Apt. No.		38d. Zip Code		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number							
39. Describe How Injury Occurred											
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: FRED ADLER, M.D., 800 MAC ARTHUR, MUNSTER, IN 46321							44. License Number 01019251		45. Date Certified JULY 14, 2010		
46. Additional Funeral Service Provider:											
48. Signature of Local Health Officer: <i>[Signature]</i>					49. For Registrar Only - Date Filed (Month/Day/Year): July 20, 2010						

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 FILED
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 DEPT. OF HEALTH
 MICHOE

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