INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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

1. Decedent's Legal Name (First, Middle, Last): Vickie Regina Torres
1a. Maiden Last Name (If Female): Williams
2. Sex: Female
3. Time Of Death: 6:45pm
4. Date Of Death (Month/Day/Year): January 15, 2010
5. Social Security Number: 232-96-2125
6a. Age - Yrs: 53
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): May 9 1956
8. Birthplace (City And State Or Foreign Country): Williamson, West Virginia
9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown
10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)
11. Facility Name (If Not Institution, Give Street And Number): 2525 Dombey Road
12. City Or Town, State, And Zip Code: Portage
13. County Of Death: Porter
14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name: Oscar Torres
15a. (If Wife) Give Maiden Last Name:
16. Decedent's Usual Occupation: Mail Carrier
17. Kind Of Business/Industry: USPS
18. Residence – State: Indiana
18a. County: Porter
18b. City Or Town: Portage
18c. Street And Number: 2525 Dombey Road
18d. Apt. No.:
18e. Zip Code: 46368
18f. Inside City Limits? ☒ Yes ☐ No
19. Decedent's Education: 12
20. Decedent Of Hispanic Origin: No
21. Decedent's Race: white
22. Father's Name (First, Middle, Last): Walter Williams
23. Mother's Name (First, Middle, Last): Doris
23a. Mother's Maiden Last Name:
24. Informant's Name: Oscar Torres
24a. Relationship To Decedent: Husband
24b. Mailing Address (Street And Number, City, State, Zip Code): 2525 Dombey Road Portage, Indiana 46368

25. Place Of Disposition

25a. Method Of Disposition: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): Kraft Funeral Services + Crematory
25c. Location – City, Town, And State: Hobart Indiana
26. Was Coroner Contacted? ☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility: Kraft Funeral Services + Crematory - 3700 County Line Rd Hobart Indiana 4642
27a. Funeral Home License Number: FH10000005
27b. Signature Of Indiana Funeral Service Licensee: [signature]
27c. License Number (Of Licensee): FD 29300105

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
A. RESPIRATORY FAILURE
Due To (Or As A Consequence Of):

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
B. EMPHYSEMA
Due To (Or As A Consequence Of):
C. TOBACCO USE
Due To (Or As A Consequence Of):
D.

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? ☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☒ No
31. Did Tobacco Use Contribute To Death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
32. If Female: ☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ No
38. Location Of Injury - State:
38a. City Or Town:
38b. Street & Number:
38c. Apt. No.:
38d. Zip Code:
39. Describe How Injury Occurred
40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

FILED
OCT 07 2010
055242
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2010 OCT 7 PM 12 27
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
MICHAEL B. BROWN RECORDER

2010 083655

41. Signature, Of Person Certifying Cause Of Death: Siraj Ahmed [signature]
42. Certifier (Check Only One): ☐ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. Ahmed 2031 Roosevelt Valparaiso IN 46383
44. License Number: 01041335
45. Date Certified: 1-25-10 CS
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: Gary A. Bobroske MD [signature]
49. For Registrar Only – Date Filed (Month/Day/Year): January 25 2010

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State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10