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.

Local No. 629

INDIANA STATE ~~DEPA~~RTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

RESUBMIT TYPE/PRINT IN PERMANENT BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 45-02-36-429-031-000-023

DECEDENT

1. DECEASED–NAME (First, Middle, Last): **Maria Clementina- Ventura**
2. SEX: **Female**
3a. TIME OF DEATH: **11:50 AM**
3b. DATE OF DEATH (Month, Day, Year): **October 7, 2007**
4. *SOCIAL SECURITY NUMBER: **305-28-5227**
5a. AGE – Last Birthday (Years): **78**
5b. UNDER 1 YEAR Months Days:
5c. UNDER 1 DAY Hours Minutes:
6. DATE OF BIRTH (Mo, Day, Yr): **April 3, 1929**
7. BIRTHPLACE (City and State or Foreign Country): **East Chicago, Indiana**
8a. WAS DECEDENT A U.S. VETERAN? **No**
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? **N/A**
9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence **Hospice**
9b. FACILITY NAME (If not institution, give street and number): **627 East Kane Street**
9c. CITY, TOWN, OR LOCATION OF DEATH: **Hammond**
9d COUNTY OF DEATH: **Indiana**
10. MARITAL STATUS (Specify): **Married**
11. SURVIVING SPOUSE (If wife, give maiden name): **Leonardo L. Ventura**
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): **Homemaker**
12b. KIND OF BUSINESS/INDUSTRY: **Own Home**
13a. RESIDENCE – STATE: **Indiana**
13b. COUNTY: **Lake**
13c. CITY, TOWN, OR LOCATION: **Hammond**
13d. STREET AND NUMBER: **627 Kane Street**
13e. ZIP CODE: **46327**
13f. INSIDE CITY LIMITS? ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? **U.S.A.**
15. WAS DECEDENT OF HISPANIC ORIGIN? ☐ No ☒ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): **Hispanic**
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): **8** College (1-4 or 5 +): **0**

PARENTS

18. FATHER'S NAME (First, Middle, Last): **Francisco Garcia**
19. MOTHER'S NAME (First, Middle, Maiden Surname): **Josefina Gomez**

INFORMANT

20a. INFORMANT'S NAME (Type/Print): **Leonardo L. Ventura**
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code): **627 East Kane Street Hammond, Indiana 46320**
20c. Relationship: **Husband**

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **October 10, 2007 Calvary Cremation**
21c. LOCATION—City or Town, State: **Portage, Indiana**
22a. EMBALMER'S NAME: **N/A**
22b. EMBALMER'S LICENSE NO.: **N/A**
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Linda Joyce Hanson
24b. LICENSE NUMBER (of Licensee): **FD29400049**
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: **Ridgelawn Funeral Home FH10200007 4201 West Ridge Road Gary, Indiana 46408**

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hepatocellular Carcinoma	6 Weeks
	DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause. stating the underlying cause last	b. Cirrhosis	6 Weeks
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

2010 NOV 10 PM 3:41 RECORDER LAKE COUNTY INDIANA FILED FOR RECORD

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No): **No**
28a. WAS AN AUTOPSY PERFORMED? (Yes or No): **No**
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): **No**

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ CORONER On the basis of examination and/or investigation, in my opinion , death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER:
29c. MEDICAL LICENSE NO.: **01044357A**
29d. DATE SIGNED (Month, Day, Year): **10/10/07** (October)

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): David B Lee MD 5436 Hohman Ave Hammond IN 46320
31. HEALTH OFFICER'S SIGNATURE:

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

32. DATE FILED (Month, Day, Year): October 23, 2007

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could Not Be Determined
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or No)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If [illegible]

FILED NOV 10 2010 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 055927

SDH06-004 State Form 10110 (R5/1-99)