



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

2112  
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Local No 3933-10

EDR No 00000162883

DTP 1

State No

1. Decedent's Legal Name (First, Middle, Last) MARTIN PINEDA JR				1a. Maiden Last Name (If female)		2. Sex MALE	3. Time Of Death 02:30 AM	4. Date Of Death (Month/Day/Year) 11/09/2010					
5. Social Security Number 317-32-6504		6a. Age - Yrs 74	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) 08/02/1936		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, 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 checked="" 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 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) ST MARY MEDICAL CENTER INC										12. City Or Town, State, And Zip Code HOBART, INDIANA, 46342	13. County Of Death LAKE	14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name IRENE PINEDA				15a. (If Wife) Give Maiden Last Name CORRALEZ			16. Decedent's Usual Occupation COIL OPERATOR		17. Kind Of Business/Industry STEEL				
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GARY			18c. Street And Number 687 ALLEN STREET	18d. Apt. No.	18e. Zip Code 46403	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA			20. Decedent Of Hispanic Origin Mexican, Mexican American, Chicano			21. Decedent's Race White							
22. Father's Name (First, Middle, Last) MARTIN PINEDA SR				23. Mother's Name (First, Middle, Last) REBECCA PINEDA				23a. Mother's Maiden Last Name GONZALEZ					
24. Informant's Name IRENE PINEDA			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 687 ALLEN STREET, GARY, INDIANA, 46403								
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) CALVARY CEMETERY				25c. Location - City, Town, And State PORTAGE INDIANA							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME OLSON CHAPEL 5341 CENTRAL AVE, PORTAGE, INDIANA, 46368						27a. Funeral Home License Number: FH83005613					
27b. Signature Of Indiana Funeral Service Licensee: JAMES T. BAILEY, BY ELECTRONIC SIGNATURE							27c. License Number (Of Licensee): FD20100023						
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 Enter Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) Failure to Thrive Renal cell CA Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A, In Order From The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last A B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA AB AC AD AE AF AG AH AI AJ AK AL AM AN AO AP AQ AR AS AT AU AV AW AX AY AZ BA BB BC BD BE BF BG BH BI BJ BK BL BM BN BO BP BQ BR BS BT BU BV BW BX BY BZ CA CB CC CD CE CF CG CH CI CJ CK CL CM CN CO CP CQ CR CS CT CU CV CW CX CY CZ DA DB DC DD DE DF DG DH DI DJ DK DL DM DN DO DP DQ DR DS DT DU DV DW DX DY DZ EA EB EC ED EE EF EG EH EI EJ EK EL EM EN EO EP EQ ER ES ET EU EV EW EX EY EZ FA FB FC FD FE FF FG FH FI FJ FK FL FM FN FO FP FQ FR FS FT FU FV FW FX FY FZ GA GB GC GD GE GF GG GH GI GJ GK GL GM GN GO GP GQ GR GS GT GU GV GW GX GY GZ HA HB HC HD HE HF HG HH HI HJ HK HL HM HN HO HP HQ HR HS HT HU HV HW HX HY HZ IA IB IC ID IE IF IG IH II IJ IK IL IM IN IO IP IQ IR IS IT IU IV IW IX IY IZ JA JB JC JD JE JF JG JH JI JJ JK JL JM JN JO JP JQ JR JS JT JU JV JW JX JY JZ KA KB KC KD KE KF KG KH KI KJ KL KM KN KO KP KQ KR KS KT KU KV KW KX KY KZ LA LB LC LD LE LF LG LH LI LJ LK LM LN LO LP LQ LR LS LT LU LV LW LX LY LZ MA MB MC MD ME MF MG MH MI MJ MK ML MM MN MO MP MQ MR MS MT MU MV MW MX MY MZ NA NB NC ND NE NF NG NH NI NJ NK NL NM NN NO NP NQ NR NS NT NU NV NW NX NY NZ OA OB OC OD OE OF OG OH OI OJ OK OL OM ON OO OP OQ OR OS OT OU OV OW OX OY OZ PA PB PC PD PE PF PG PH PI PJ PK PL PM PN PO PP PQ PR PS PT PU PV PW PX PY PZ QA QB QC QD QE QF QG QH QI QJ QK QL QM QN QO QP QQ QR QS QT QU QV QW QX QY QZ RA RB RC RD RE RF RG RH RI RJ RK RL RM RN RO RP RQ RR RS RT RU RV RW RX RY RZ SA SB SC SD SE SF SG SH SI SJ SK SL SM SN SO SP SQ SR SS ST SU SV SW SX SY SZ TA TB TC TD TE TF TG TH TI TJ TK TL TM TN TO TP TQ TR TS TT TU TV TW TX TY TZ UA UB UC UD UE UF UG UH UI UJ UK UL UM UN UO UP UQ UR US UT UU UV UW UX UY UZ VA VB VC VD VE VF VG VH VI VJ VK VL VM VN VO VP VQ VR VS VT VU VV VW VX VY VZ WA WB WC WD WE WF WG WH WI WJ WK WL WM WN WO WP WQ WR WS WT WU WV WW WX WY WZ XA XB XC XD XE XF XG XH XI XJ XK XL XM XN XO XP XQ XR XS XT XU XV XW XZ YA YB YC YD YE YF YG YH YI YJ YK YL YM YN YO YP YQ YR YS YT YU YV YW YZ ZA ZB ZC ZD ZE ZF ZG ZH ZI ZJ ZK ZL ZM ZN ZO ZP ZQ ZR ZS ZT ZU ZV ZW ZX ZY ZZ													
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Listed In Part I. PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR							29. Was An Autopsy Performed? <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 checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 30 Days To 1 Year Before Death		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			30. Were Autopsy Findings Available To Complete The Cause Of Death? <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)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <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>[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: Dr. Rupesh J. Shah 202 E. 36th Place Merrillville, IN 46410							44. License Number 0200206		45. Date Certified 11/11/10				
46. Additional Funeral Service Provider:							47. *Akas: 030949 \$11						
48. Signature of Local Health Officer: <i>[Signature]</i>							49. For Registrar Only - Date Filed (Month/Day/Year): November 12, 2012						

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)

Parcel # VS-08-01-478-015.000-004