



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 180-10

State No. 6:10 a.m. January 19, 2010

1. Decedent's Legal Name (First, Middle, Last) Robert Camacho  
18. Maiden Last Name (If Female) \_\_\_\_\_  
2. Sex M  
3. Time Of Death 6:10 a.m.  
4. Date Of Death (Month/Day/Year) January 19, 2010

5. Social Security Number 306-56-8322  
6a. Age - Yrs 62  
6b. Under 1 Year \_\_\_\_\_  
6c. Under 1 Month \_\_\_\_\_  
6d. Under 1 Day \_\_\_\_\_  
6e. Under 1 Hour \_\_\_\_\_  
7. Date Of Birth (Month/Day/Year) Nov. 3, 1947  
8. Birthplace (City And State Or Foreign Country) East Chicago, IN

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) St. Anthony Hospice

12. City Or Town, State, And Zip Code Crown Point, IN 46307  
13. County Of Death Lake

14. Marital Status At Time Of Death  Married  Married, But Separated  Divorced  Widowed  Never Married  Unknown  
15. Surviving Spouse's Name Jolene Camacho  
15a. (If Wife) Give Maiden Last Name Elam  
16. Decedent's Usual Occupation Equipment Operator  
17. Kind Of Business/Industry Steel Manufacture

18. Residence - State Indiana  
18a. County Lake  
18b. City Or Town Hobart  
18c. Street And Number 435 Wildrose Dr.  
18d. Apt. No. \_\_\_\_\_  
18e. Zip Code 46342  
18f. Inside City Limits?  Yes  No

19. Decedent's Education 2 Years College  
20. Decedent Of Hispanic Origin Yes-Mexican American  
21. Decedent's Race Hispanic

22. Father's Name (First, Middle, Last) Rufus Camacho  
23. Mother's Name (First, Middle, Last) Ann Camacho  
23a. Mother's Maiden Last Name Cordova

24. Informant's Name Jolene Camacho  
24a. Relationship To Decedent Wife  
24b. Informant's Address (Street And Number, City, State, Zip Code) 435 Wildrose Dr., Hobart, IN 46342

25a. Method Of Disposition  Burial  Cremation  Donation  Entombment  Removal From State  Other (Specify)  
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) NW Indiana Cremation Service  
25c. Location - City, Town, And State Crown Point, IN

26. Was Coroner Contacted?  Yes  No  
27. Name And Complete Address Of Funeral Facility Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342  
27a. Funeral Home License Number: FH83002380

27b. Signature Of Indiana Funeral Service Licensee: James T. Burns  
27c. License Number (Of Licensee): FD01009461

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. Gastric carcinoma  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
Due To (Or As A Consequence Of):  
Due To (Or As A Consequence Of):  
Due To (Or As A Consequence Of):

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  Unknown  
32. If Female:  Not Pregnant Within Past Year  Pregnant At Time Of Death  Not Pregnant, But Pregnant Within 42 Days Of 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 (EAL, 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 \_\_\_\_\_

41. Signature Of Person Certifying Cause Of Death: Kathryn Mulligan  
42. Certifier (Check Only One)  Certifying Physician  Coroner  Death Officer  
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Kathryn Mulligan, MD 919 Main St., Dyer, IN 46311  
44. License Number 01052342A  
45. Date Certified 1/20/10  
46. Additional Funeral Service Provider \_\_\_\_\_  
47. "Attest:" \_\_\_\_\_  
48. For Registrar Only - Date Filed (Month/Day/Year): January 21, 2010 11:00 AM MT WR

41. Signature Of Person Certifying Cause Of Death: Kathryn Mulligan

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