

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 947

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

* CAUSE OF DEATH

1 DECEASED—NAME (First, Middle, Last) WILLIAM LAWRENCE CANAVAN				2 SEX Male		3a. TIME OF DEATH 11:22 AM		3b. DATE OF DEATH (Month, Day, Yr) December 6, 2003		
4. *SOCIAL SECURITY NUMBER 357-07-2100		5a. AGE—Last Birthday (Years) 86	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) November 14, 1917		7. BIRTHPLACE (City and State or Foreign Country) LIBERAL, MO		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED U.S. ARMED FORCES 2010		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		9b. OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		9c. CITY, TOWN OR LOCATION OF DEATH HAMMOND		
9b. FACILITY NAME (If not institution, give street and number) SELECT SPECIALTY HOSP. OF NWI				9c. CITY, TOWN OR LOCATION OF DEATH HAMMOND				9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) GLADYS FISHER		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) PUMPER		12b. KIND OF BUSINESS/INDUSTRY A.R.C.O. OIL				
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN OR LOCATION HAMMOND		13d. STREET AND NUMBER 914 WILCOX				
13e. ZIP CODE 46320	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2		
18. FATHER'S NAME (First, Middle, Last) ERNEST CANAVAN					19. MOTHER'S NAME (First, Middle, Maiden Surname) RUBY MCKENZIE					
20a. INFORMANT'S NAME (Type/Print) GLADYS M. CANAVAN				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 914 WILCOX, HAMMOND, IN 46320				20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Dec 19, 2003 MEMORY LANE MEMORIAL PARK			21c. LOCATION—City or Town, State Schererville IN				
22a. EMBALMER'S NAME JOSE G. CORONA			22b. EMBALMER'S LICENSE NO FDO8601373		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John Ault</i>			24b. LICENSE NUMBER (of Licensee) FDO1013507		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BOCKEN FUNERAL HOME, INC. FH83002801 7042 KENEDY AVENUE, HAMMOND, IN					
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Multi lobar pneumonia DUE TO (OR AS A CONSEQUENCE OF) b. Multiple Organ failure DUE TO (OR AS A CONSEQUENCE OF) c. Multiple Organ failure DUE TO (OR AS A CONSEQUENCE OF) d. Multiple Organ failure DUE TO (OR AS A CONSEQUENCE OF) Approximate Interval Between Onset and Death FILED DEC 29 2010										
PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I COMMUNITY TITLE COMPANY L 44227					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	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i> M.D.				29c. MEDICAL LICENSE NO. 01055426A		29d. DATE SIGNED (Month, Day, Year) 12/12/13				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) majesty Rajarajeswar m 5454 Hohman Ave Hammond IN 46320										
31. HEALTH OFFICER'S SIGNATURE <i>Franklin S. Premuda M.D.</i>							32. DATE FILED (Month, Day, Year) December 12, 2007			
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED DEC 16 2010				
34a. 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 yes, specify driver, passenger, pedestrian, etc. 031148							

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