

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



62011221
Local No 003345

EDR No 00000162770

State No 047228

1. Decedent's Legal Name (First, Middle, Last) ISIDRO VEGA			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:46 PM	4. Date Of Death (Month/Day/Year) 10/11/2010		
5. Social Security Number 4700	6a. Age - Yrs 44	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) 05/15/1966		8. Birthplace (City and State or Foreign Country) MX	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input 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 checked="" 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) WILLIAM J RILEY RESIDENCE									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				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 CHRISTINA VEGA			15a. (If Wife) Give Maiden Last Name VELASQUEZ		16. Decedent's Usual Occupation LABORER		17. Kind Of Business/Industry CONSTRUCTION		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO		18d. Apt. No.	18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO		21. Decedent's Race White					
22. Father's Name (First, Middle, Last)				23. Mother's Name (First, Middle, Last) GUADALUPE VEGA			23a. Mother's Maiden Last Name ARREOLA		
24. Informant's Name CHRISTINA VEGA		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 844 MILTON STREET, SANTA ROSA, CA 95404					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) HEIGHTS CREMATORY		25c. Location - City, Town, And State CHICAGO HEIGHTS, IL				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility POWELL COLEMAN FUNERAL HOME, 3200 W. 15TH STREET, GARY, IN 46404				27a. Funeral Home License Number: 000041			
27b. Signature Of Indiana Funeral Service Licensee: BONNIE E. TUGGLES, SIGNATURE ON FILE			27c. License Number (Of Licensee): 09200084						
28. Part I. Enter The <u>Chain Of Events</u> - 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. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>HEPATIC FAILURE</u> Due to (Or As A Consequence Of): B. <u>CIRRHOSIS LIVER</u> Due to (Or As A Consequence Of): C. <u>HEPATITIS WITH INFECTION</u> Due to (Or As A Consequence Of): D. 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 Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
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"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			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			
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"/> Direct Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: PAUL CHIKE OKOLOCHA, SIGNATURE ON FILE					42. Certifier (Check Only One) Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer <input type="checkbox"/>				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: PAUL CHIKE OKOLOCHA, 2054 GRANT STREET, GARY, IN 46402					44. License Number 01041856A		45. Date Certified 10/9/2010		
46. Additional Funeral Service Provider: AMERICAN CREMATION ASSOCIATION INC					47. *Atlas:				
48. Signature of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE					49. Registrar Only - Date Filed (Month/Day/Year): OCT 20 2010				
AMENDMENT TO CERTIFICATE OF DEATH ENTRY ON FILED									
026597									

CHICAGO TITLE INSURANCE COMPANY



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 2011 MAY - 6 AM 9:46
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 CLERK OF SUPERIOR COURT

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