



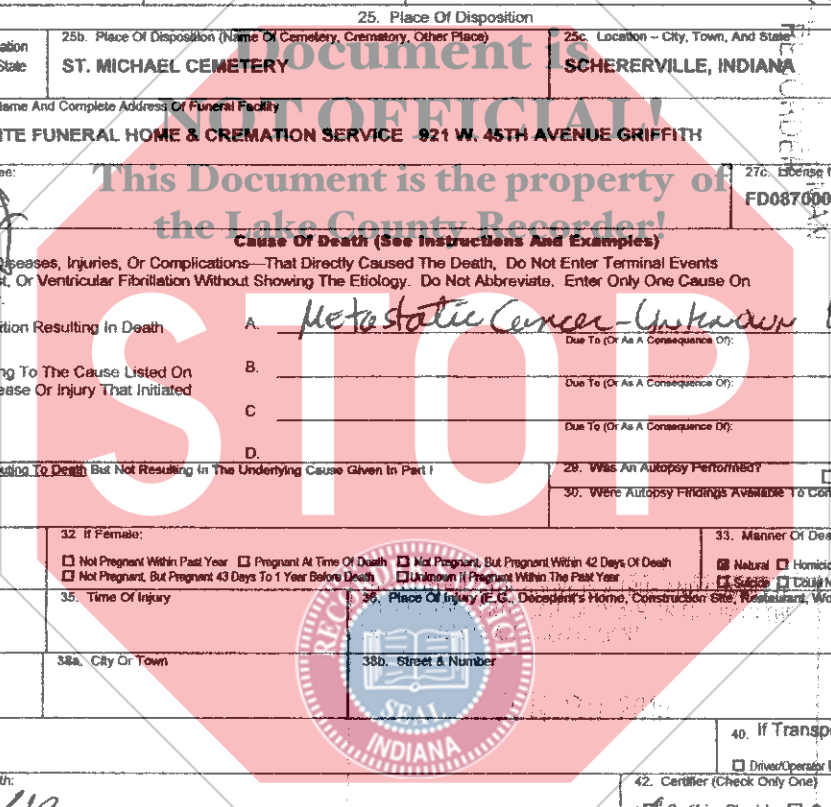
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1998-10

State No.

1. Decedent's Legal Name (First, Middle, Last) PAUL J. BOHNEY				1a. Maiden Last Name (If Female)		2. Sex M	3. Time Of Death 4:11PM	4. Date Of Death (Month/Day/Year) JUNE 26, 2010	
5. Social Security Number 312-28-8456	6a. Age Yrs 79	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) October 2, 1930		8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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 type="checkbox"/> Hospice Facility <input checked="" 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) NORTHWEST INDIANA TITLE 1021 N. HARVEY 182 WASHINGTON STREET LOWELL, IN 46356 18750									
12. City Or Town, State, And Zip Code GRIFFITH, INDIANA 46319				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 PHYLLIS BOHNEY			15a. (If Wife) Give Maiden Last Name BOHLING			16. Decedent's Usual Occupation TEACHER		17. Kind Of Business/Industry GARY PUBLIC SCHOOLS	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18c. Street And Number 1021 N. HARVEY		18d. Apt. No.	18e. Zip Code 46319
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education Bachelor's degree (e.g., BA, AB, BS)		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) WILLIAM M. BOHNEY			23. Mother's Name (First, Middle, Last) CATHERINE BOHNEY			23a. Mother's Maiden Last Name HELD			
24. Informant's Name PHYLLIS BOHNEY		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1021 N. HARVEY GRIFFITH, INDIANA 46319					
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) ST. MICHAEL CEMETERY				25c. Location - City, Town, And State SCHERERVILLE, INDIANA			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE 921 W. 45TH AVENUE GRIFFITH							
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>		27c. License Number Of Licensee FD08700086						27d. Funeral Home License Number: FH0600026	
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. <u>Metastatic Cancer - Unknown Primary</u> Approximate Interval: Onset To Death: <u>Months</u> B. _____ C. _____ 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									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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, Waterpark, 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									
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: Eduardo Fletes MD 297 W Francisson Cedar Point IN 46037						44. License Number 010492498		45. Date Certified 6/29/10	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. Filing Date (Month/Day/Year): MAY 25 2011			

LEGAL DESCRIPTION: LOT 1, BROADBRIDGE 3RD ADDITION IN THE TOWN OF GRIFFITH, AS SHOWN IN PLAT BOOK 38, PAGE 76, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA.



2011 MAY 23 PM 2:52

FILED

052937 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR