

8. JAVET



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

COPY

Local No. 45-08-36-277-012,000 State No. 2011

1. Decedent's Legal Name (First, Middle, Last) RICHARD ALLEN GROVE				1a. Maiden Last Name (if Female)		2. Sex Male		3. Time Of Death 7:35 p.m.		4. Date Of Death (Month/Day/Year) November 4, 2008		
5. Social Security Number 272-40-2183		6a. Age - Yrs 63		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		
7. Date Of Birth (Month/Day/Year) March 26, 1945		8. Birthplace (City And State Of Foreign Country) Tiffin, Ohio										
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) Porter - Portage Campus												
12. City Or Town, State, And Zip Code Portage, Indiana 46368						13. County Of Death Porter			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 Veronica H. Grove				15a. (If Wife) Give Maiden Last Name Trzebski				16. Decedent's Usual Occupation Corrections Officer		17. Kind Of Business/Industry State of Indiana Corrections		
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Hobart			18c. Apt. No.		18d. Zip Code 46342	
16c. Street And Number 420 S. Wabash St.			18e. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			18f. Zip Code 46342			18g. Licensee Number FD01006463			
19. Decedent's Education 14			20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino			21. Decedent's Race White			22. Father's Name (First, Middle, Last) David Grove			
22. Father's Name (First, Middle, Last) David Grove			23. Mother's Name (First, Middle, Last) Evelyn May Grove			23a. Mother's Maiden Last Name Frey			23b. Mother's License Last Name Frey			
24. Informant's Name Veronica H. Grove			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 420 S. Wabash St., Hobart, IN 46342			24c. Licensee Number (Of Licensee) FD01006463			
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, IN 46368			26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd., P.O. Box 488, Hobart, Indiana 46342			27a. Funeral Home License Number FH83003069			27b. Signature Of Indiana Funeral Service Licensee <i>James G. Brause</i>			27c. Licensee Number (Of Licensee) FD01006463			
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. Approximate Interval: Onset To Death												
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Respiratory failure												
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 B. Aspiration pneumonia												
C. Lung Cancer												
D.												
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) FILED			
34. Date Of Injury (Month/Day/Year) FILED			35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) MAY 24 2011			36. City Or Town INDIANA			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
36. Location Of Injury - State INDIANA			36a. City Or Town INDIANA			36b. Street & Number INDIANA			36c. Apt. No.			
38. Zip Code INDIANA						39. Describe How Injury Occurred PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR			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: Jose Agusti MD, 2640 Hamstrom Road, Portage, IN 45368			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jose Agusti MD, 2640 Hamstrom Road, Portage, IN 45368						44. License Number 01061624A			45. Date Certified 11/12/08			
46. Additional Funeral Service Provider:						47. *Akas: AD			48. Signature of Local Health Officer: <i>Henry A. Bobrook MD</i>			
48. Signature of Local Health Officer: <i>Henry A. Bobrook MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): November 12, 2008			49. For Registrar Only - Date Filed (Month/Day/Year): CS			

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