



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

115-08-24-204-000-006-006

Local No 000306

EDR No 000000189274

State No 011959

1. Decedent's Legal Name (First, Middle, Last) <b>DOLORES HERNANDEZ</b>				1a. Maiden Name (If Female) <b>RODRIGUEZ</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>05:15 PM</b>	4. Date Of Death (Month/Day/Year) <b>03/14/2011</b>	
5. Social Security Number <b>304-36-6177</b>		6a. Age - Yrs <b>75</b>	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) <b>11/13/1935</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>
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) <b>VNA HOSPICE CENTER</b>									
12. City Or Town, State, and Zip Code <b>VALPARAISO, IN, 46383</b>						13. County Of Death <b>PORTER</b>		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 <b>JOEL H HERNANDEZ</b>				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>BAKERY CLERK</b>		17. Kind of Business/Industry <b>RETAIL</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>LAKE STATION</b>			18d. Apt. No.	18e. Zip Code <b>46405</b>
18c. Street And Number <b>2909 NEW YORK STREET</b>									
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>MEXICAN, MEXICAN AMERICAN, CHICANO</b>			21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>MICHAEL RODRIGUEZ</b>				23. Mother's Name (First, Middle, Last) <b>ANNA RODRIGUEZ</b>			23a. Mother's Maiden Last Name <b>GRAFF</b>		
24. Informant's Name <b>JOEL H HERNANDEZ</b>		24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2909 NEW YORK STREET, LAKE STATION, IN 46405</b>					
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) <b>KELLY CARROLL CREMATION SERVICES</b>			25c. Location - City, Town, And State <b>GARY, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342</b>						27a. Funeral Home License Number <b>FH83003069</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE</b>							27c. License Number (Of Licensee): <b>FD01006463</b>		
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)								Approximate Interval: Onset To Death	
A. <u>STROKE</u>								ONE WEEK	
B. <u>CIRRHOSIS OF LIVER</u>								10 YEARS	
C. <u>MULTIPLE MYELOMA</u>								3 MONTHS	
D. <u>DIABETES MELLITUS</u>								15 YEARS	
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 Finding 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
41. Signature, Of Person Certifying Cause Of Death: <b>ASHWANI KUMAR, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01033934A</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ASHWANI KUMAR, 3156 WILLOW CREEK ROAD, PORTAGE, IN 46385</b>						45. Date Certified <b>03/18/2011</b>		47. *Akas:	
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: <b>GARY A. BABCOKE, VIA ELECTRONIC SIGNATURE</b>			
49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 27 2011</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 18 2011</b>		11 AD CS	

053034

PEGGY HOLINGA KATONA  
LAKE COUNTY ANATOMIST

FILED