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PORTER COUNTY
CERTIFICATE OF DEATH

PORTER COUNTY
HEALTH DEPARTMENT
155 Indiana Ave Suite 104
Valparaiso IN 46383

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

449630

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

2008 045923

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Delfina DeLaRosa
2. SEX: Female
3a. TIME OF DEATH: 10:00p
3b. DATE OF DEATH (Month, Day, Yr.): December 20, 2003
4. SOCIAL SECURITY NUMBER: 450-44-3264
5a. AGE—Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo., Day, Yr.): Dec. 15, 1920
7. BIRTHPLACE (City and State or Foreign Country): DAyton, Texas
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 1001 W. U.S. Highway 20
9c. CITY, TOWN, OR LOCATION OF DEATH: Porter
9d. COUNTY OF DEATH: Porter
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Reynaldo DeLaRosa
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: East Chicago
13d. STREET AND NUMBER: 4336 Parish
13e. ZIP CODE: 46431
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☐ No ☒ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.): Mexican
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+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): David Elizondo
19. MOTHER'S NAME (First, Middle, Maiden Surname): Maria Lopez

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Reynaldo DeLaRosa
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4336 Parish, E. Chicago, In
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Entombment ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): December 26, 2003 St. John Cemetery
21c. LOCATION—City or Town, State: Hammond, Indiana
22a. EMBALMER'S NAME: Anthony S. Rendina Jr.
22b. EMBALMER'S LICENSE NO.: FD01010402
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature] Anthony M. Rendina
24b. LICENSE NUMBER (of Licensee): FD01010402
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In 46408

CAUSE OF DEATH

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. Parkinson's Disease — Approximate Interval Between Onset and Death: 7 years
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

028276

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.
Sick Sinus Syndrome
Hypothyroid

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):

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature] M Manakas DO
29c. MEDICAL LICENSE NO.: 02000642A
29d. DATE SIGNED (Month, Day, Year): 12-24-03
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): M Manakas D.O. 810 Michael Dr. Chesterton, Indiana 40304

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] Mary A. Brobeske MD
32. DATE FILED (Month, Day, Year): December 30, 2003

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. 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.: #11-28433

FILED JUN 24 2008 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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HOLD FOR MERIDIAN TITLE CORP

2011 AUG 15 AM 10:57

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FILED AUG 15 2011 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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RECORDER SEAL INDIANA

* Rerecord to correct chain

24-30-0496-0018
Resub. Blks 19+20 Park Add
Lot 18 Block 19

$14 ... MT

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1