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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 588-08

State No. ....

1. Decedent's Legal Name (First, Middle, Last) Iris Jean Rubino				1a. Maiden Last Name (If Female) Walters		2. Sex Female	3. Time Of Death 9:40 a.m.	4. Date Of Death (Month/Day/Year) February 15, 2008			
5. Social Security Number 308-28-8339	6a. Age - Yrs 78	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) December 10, 1929		8. Birthplace (City And State Or Foreign Country) Gary, 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) 1027 E. 29th Ave.											
12. City Or Town, State, And Zip Code Lake Station IN 46405				13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Property Tax Officer		17. Kind Of Business/Industry Government				
18. Residence - State IN		18a. County Lake		18b. City Or Town Lake Station		18d. Apt. No.	18a. Zip Code 46405	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number 1027 E. 29th Ave.		19. Decedent's Education High School Graduate or GED		20. Decedent Of Hispanic Origin		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) Newlin Walters			23. Mother's Name (First, Middle, Last) Sybil Marie Walters			23a. Mother's Maiden Last Name Stewart					
24. Informant's Name Marcia Jones		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 6953 Prairie Run Ave., Portage, IN 46368							
25. Place Of Disposition											
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) Chapel Lawn Memorial Gardens			25c. Location - City, Town, And State Schererville, IN 46375						
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: James J. Krause						27c. License 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.											
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. Cardio Respiratory Arrest									
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. Cirrhosis of Liver									
		C. Cardiomyopathy - Atrial Fibrillation									
		D. Gastroesophageal reflux									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						28. 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 checked="" 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 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)		38. Location Of Injury - State		38d. Zip Code			
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: PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR						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: Shashikant Rane MD, 10 N. Michigan Avenue, Hobart, IN 46342						44. License Number 01031797		45. Date Certified 2/18/08			
46. Additional Funeral Service Provider:						47. *Akas 028269					
48. Signature of Local Health Officer: Susan W. Best, D.O.						49. For Registrar Only - Date Filed (Month/Day/Year): February 20, 2008					

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