



620112337

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Parcel No: 45-07-33-202-137.000-027

Local No 001194

EDR No 00000194609

State No 016841

CHICAGO TITLE INSURANCE COMPANY

1. Decedent's Legal Name (First, Middle, Last) MARVIN R DEVRIES				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 01:36 AM	4. Date Of Death (Month/Day/Year) 04/15/2011		
5. Social Security Number [REDACTED]	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) 06/09/1931		8. Birthplace (City and State or Foreign Country) RENSSELAER, IN		
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 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) COMMUNITY HOSPITAL										
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					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				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation CRANE OPERATOR		17. Kind Of Business/Industry CONSTRUCTION		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER		18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 9837 1A WILDWOOD COURT		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) TUIS DEVRIES				23. Mother's Name (First, Middle, Last) MARY DEVRIES			23a. Mother's Maiden Last Name FRANCOVIAK			
24. Informant's Name DEBORAH R KOBLI		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3336 HIGHWAY AVENUE, HIGHLAND, IN 46322						
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 MUNSTER, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322				27a. Funeral Home License Number: FH10300021				
27b. Signature Of Indiana Funeral Service Licensee: CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01045110				
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. SUBDURAL AND EPIDURAL HEMORRHAGE 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. VENTRICULAR TACHYCARDIA										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I RENAL FAILURE ON DIALYSIS, NIDDM, AORTIC VALVA REPLACEMENT ON COUMADIN, HTN, DYSLIPIDEMIA						29. Was An Autopsy Performed? <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"/> Child Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input 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			
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: PYARALI M. KESHVANI, BY ELECTRONIC SIGNATURE						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: PYARALI M. KESHVANI, 8731 INDIANAPOLIS BOULEVARD, HIGHLAND, IN 46321-5555						44. License Number 01042431A		45. Date Certified 04/15/2011		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 18 2011				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)
054835 PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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