## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loca		EDR No 00000213258					State No 034578						
1. Decedent's Legal Name (Fi	st, Middle, Last	)			1a. Maiden Nan	ne (If female)		2. Se:	x 3. Time	e Of Death	4. Date Of	f Death (Month/Day/Year)	
GUADALUPE LOZA	NO					- <b>r</b>		M	ALE 05	:30 PM		08/08/2011	
Social Security Number 6	a. Age - Yrs	6b. Under 1	Year 6c. U	nder 1 Month	6d. Under 1 Day	6e. Under	1 Hour 7. Da	te of Birth (M	lonth/Day/Year) [	3. Birthplace (City	and State of	Foreign Country)	
450-54-5922	90										IIDALGO	) NL, MX	
Ever in U.S. Armed Forces	Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility												
☐ Yes 🛭 No 🔲 Unkno	wn 🛭 🗵 Inpati	ent 🔲 Emerg	ency Departme	nt Outpatien	t Dead on Arrival	Other (	(Specify)						
11. Facility Name (If Not Insti	11. Facility Name (If Not Institution, Give Street and Number) MUNSTER COMMUNITY HOSPITAL												
12. City Or Town, State, And Zip Code 13. County Of Death 14. Martial Status At Time Or Death													
MUNICITED IN 46220						LAKE				Married ☐ Widowed	larried Married, But Separated Divorced I/Idowed Never Married Unknown		
MUNSTER, IN, 4633 15. Surviving Spouse's Name				15:	a. (If Wife)Give Maide		IXL	16. Dece	edent's Usual Occup	ation	17. Kind C	Of Business/Industry	
				GARZA			HOT MILL V			RKER STEEL			
ALICIA LOZANO  18. Residence - State			18a. County	- JG/	ARZA	18b. City Or Town			IILL WORKE		SILLL		
			LAKE			HAMN	10ND						
INDIANA 18c. Street And Number			LAKE			ILIVIN	NOIND		18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?	
OAO LIOCEMANI CTE								46	227	⊠ Yes □ No			
949 HOFFMAN STF 19. Decedent's Education	CE 1		20. Deced	ent Of Hispa	anic Origin		21. Deceder	nt's Race	1	40.	327	L	
					XICAN AMERI	ICAN,	\\\/\landar						
8TH GRADE OR LE 22. Father's Name (First, Midd			CHICA	NO		23. Mother	White 's Name (First, M	liddle, Last)		23a. N	Mother's Maid	den Last Name	
(,	, <b>,</b>												
GUADALUPE LOZANO 24. Informant's Name			242 F	24a. Relationship To Decedent			MARIA EVA LOZANO  24b. Mailing Address (Street And Number, City, S				VAN		
				·	To Beccuent		•		HAMMOND, I		于		
ALICIA LOZANO			WIF	<u> </u>	25 Pla	ace Of Disposi		IKEEI, I	TAMMOND, I	11 40321			
25a. Method Of Disposition	— .		25b. Place Of D	isposition (N	lame Of Cemetery, Ci			Location - C	ity, Town, And State		<u> </u>		
■ Burial    □ Cremation    □     □ Removal From State	Donation 📙 E	ntombment		/ ]	Docu	mei	nt is				_		
Other (Specify):			ELMWOOI				H/	MMONE	), IN		T 270 Fund	eral Home License Number:	
26. Was Coroner Contacted?	27	. Name And C	complete Addres	s Or Funera	II Facility		CIA	TI			278. 1 0110	val Florite Election (Validation)	
Yes 🛛 No	L	AHAYNE I	FUNERAL	HOME,	INC., 6955 S	OUTHEA	STERN A	/ENUE, I	HAMMOND,	IN 46324	FH1110	30004	
□ Yes ☑ No LAHAYNE FUNERAL HOME, INC., 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324 FH11100004  27b. Signature Of Indiana Funeral Service Licensee:  JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE  27c. Licensee Number (Of Licensee):  FD20900076													
				- <b>C</b>	ause Of Death (Se	e instruction	ns And Examp	nes) 🍵			~3	Approximate	
28. Part I. Enter The <u>Chai</u> Such As Cardiac Arrest, F	n Of Events - Respiratory Arr	Diseases, Inju est, Or Ventric	uries, Or Comp cular Fibrillatio	olications - 7 n Without S	That Directly Caused Showing The Etiology	d The Death. y. Do Not Ab	Do Not Enter breviate. Enter	Only One Ca	ents ause On	<b>S</b>		Interval: Onset	
A Line. Add Additinal Line	es If Necessar	y								<u> </u>	32	5 MINUTES	
Immediate Cause (Final D	isease Or Cor	ndition Resulti	ng In Death)	A.	CARDIOPULMON	ARY ARRES	Due to	Or As A Conseque	ence Of):		<u> </u>	S IVIIVG4 ES	
Sequentially List Conditio	ns, If Any, Lea	iding To The (	Cause Listed C	<b>/</b> 11	PNEUMONIA WIT	H RESPIRA	TORY INSUFF	CIENCY Or As A Conseque	ence Off:	0	<del>-</del>	4 DAYS	
Line A. Enter The Underl The Events Resulting In D	isease Or Inju	ury That Initiated  C. ARTERIOSCLE			TIC CARDII						10.YEARS		
	,			0.	ARTERIOSCEERS	JIIC CARDI	Due to	(Or As A Conseque	ence Of):	Tis.		part of Comment projects	
				D.			100.1	A/ 0 0 1	D. of	J. 1	,		
Part II. Enter Other Significant	Conditions Cor	tributing to Dea	ath But Not Res	ulting In The	Underlying Cause Gi	vin In Part1			sy Performed? Finding Available To	Yeş		200 0	
31. Did Tobacoo Use Contrib	ute To Death?	32	If Female:				30.	Autopsy	33. Manner C			ath? ☐ Yes ☐ No	
Yes Probably N			Not Pregnant Within		Pregnant At Time Of Beath				h 🛭 Natural	Homicide 🔲		Pending Investigation	
34. Date Of Injury (Month/Da			Not Pregnant, But P. Time Of Injury		To 1 year Before Death	Unknown I	Pregnant Within The E.G. Debedent's	Home, Cons	truction Site, Restau	Could Not Be D	etermined a) 37	7. Injury At Work?	
on ball of myary (manuscr	,,				E E	<b>4</b> )	PY OF THE CE OF COUNTY LI	RTIFICATE (	truction Site; Restau N DEATH (N. FILL	WITH THE		☐ Yes ☐ No	
38. Location Of Injury - State		38a.	. City Or Town	123	38b. S	Street & Numb		ALITURA	C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	38c. Apt.	No. 38	3d. Zip Code	
							<i>i</i> j	81350	1050	SA COLOR			
39. Describe How Injury Occ	ırred 05	494	0		AUG 19	2011	.uz	406 )	40. If Transp	ortation Injury, Sp	ecify:	ther (Specify)	
			9		HOOGH	DIANTO	200					(eposity)	
41. Signature, Of Person Ce FRED ADLER, BY			NATURE	PEG	SY HOLING	A KATO	NA		Certifier (Check Onl Certifying Physician		er , 🔲	Heath Officer	
43. Name, Address And Zip (				LAK	E COUNTY	AUPIT	OH	, <u> </u>	44. Lice	nse Number	45	i. Date Certified	
FRED ADLER , 800 MAC ARTHUR BLVD STE 2, MUNSTER, IN 4632							ra domininamentales con	and the second of the second	04049	251A		08/09/2011	
46. Additional Funeral Service			/ <b></b>	, <del>.</del>				-	47. *A			#	
48. Signature of Local Health	Officer:							49. For	Registrar Only - D	ate Filed (Month	/Day/Year):	<del>- 47]   </del>	
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AUG 10 2011													
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
45-03	.30	· == 1/	0.04	0-0	500.0	23						^	
		0/4	04	6.1		_						Cis	
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.