45-03-32-102-020.000-024
45-03-32-102-021.000-024
45-03-32-102-022-000-024

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3083-09 State No. ....

1. Decedent's Legal Name (First, Middle, Last): Dolores Martinez
1a. Maiden Last Name (If Female): DelToro
2. Sex: Female
3. Time Of Death: 8:39 am
4. Date Of Death (Month/Day/Year): August 29, 2009

5. Social Security Number: 311-58-4101
6a. Age – Yrs: 82
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): March 20, 1927
8. Birthplace (City And State Or Foreign Country): Mexico

9. Ever In U.S. Armed Forces? ☐ Yes ☒ No Unknown ☐
10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): The Community Hospital

12. City Or Town, State, And Zip Code: Munster, Indiana 46321
13. County Of Death: Lake
14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name: Jesus M. Martinez
15a. (If Wife) Give Maiden Last Name: –
16. Decedent's Usual Occupation: Homemaker
17. Kind Of Business/Industry: Own Home

18. Residence – State: Indiana
18a. County: Lake
18b. City Or Town: East Chicago

18c. Street And Number: 4945 Walsh Avenue
18d. Apt. No.: –
18e. Zip Code: 46312
18f. Inside City Limits? ☒ Yes ☐ No

19. Decedent's Education: Elementary - 3
20. Decedent Of Hispanic Origin: Yes - Mexican
21. Decedent's Race: White

22. Father's Name (First, Middle, Last): Raul Toro
23. Mother's Name (First, Middle, Last): Gregoria Toro
23a. Mother's Maiden Last Name: Gonzalez

24. Informant's Name: Jesus M. Martinez
24a. Relationship To Decedent: Husband
24b. Mailing Address (Street And Number, City, State, Zip Code): 4945 Walsh Avenue, East Chicago, Indiana 46312

25. Place Of Disposition

25a. Method Of Disposition: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): September 2, 2009 Regional Cremation Services
25c. Location – City, Town, And State: Munster, Indiana 46321

26. Was Coroner Contacted? ☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility: FIFE FUNERAL HOME, INC. 4201 Indianapolis Blvd., East Chicago, Indiana 46312
27a. Funeral Home License Number: FH83001512

27b. Signature Of Indiana Funeral Service Licensee: John P. Fife
27c. License Number (Of Licensee): FD01020366

Cause Of Death (See Instructions And Examples)

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.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death) A. Cerebral Hemorrhage
Due To (Or As A Consequence Of):
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.
Due To (Or As A Consequence Of):
C.
Due To (Or As A Consequence Of):
D.

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? ☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
32. If Female: ☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: [signature]
42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. C. Ocampo - 3100 - 45th Avenue, Highland, Indiana 46322
44. License Number: 01058122A
45. Date Certified: Sept. 1, 2009

46. Additional Funeral Service Provider:
47. *Akas:

48. Signature of Local Health Officer: Susan W Best D.O. 004679
49. For Registrar Only – Date Filed (Month/Day/Year): September 2, 2009

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1986
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State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3 7-1-10

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 02 2009

FILED
DEC 07 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2011 081707
2011 DEC -7 AM 10:10
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
MICHAEL B. BROWN RECORDER