



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

842678

Local No 000029

EDR No 00000305060

State No

1. Decedent's Legal Name (First, Middle, Last) FRANCISCO E GONZALEZ				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 03:45 PM		4. Date Of Death (Month/Day/Year) 02/02/2013	
5. Social Security Number		6a. Age - Yrs 80		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) 10/31/1932		8. Birthplace (City and State or Foreign Country) LARES, PR									
8. 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) ST CATHERINE HOSPITAL INC											
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name AIDA GONZALEZ				15a. (If Wife) Give Maiden Last Name HERNANDEZ				16. Decedent's Usual Occupation CRANE OPERATOR		17. Kind Of Business/Industry INLAND STEEL COMPANY	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO		18d. Apt. No.		18e. Zip Code 46312		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 4826 TOD AVENUE		19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin PUERTO RICAN		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) FRANCISCO GONZALEZ				23. Mother's Name (First, Middle, Last) ROSA GONZALEZ				23a. Mother's Maiden Last Name SANTIAGO			
24. Informant's Name AIDA GONZALEZ		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 4826 TOD AVENUE, EAST CHICAGO, IN 46312							
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) CALUMET PARK CEMETERY				25c. Location - City, Town, And State MERRILLVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FIFE FUNERAL HOME, INC., 4201 INDIANAPOLIS BLVD., EAST CHICAGO, IN 46312						27a. Funeral Home License Number: FH83001512			
27b. Signature Of Indiana Funeral Service Licensee: JOHN P. FIFE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01020366					
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. <u>ACUTE RENAL FAILURE</u> Due to (Or As A Consequence Of): <u>2 WEEKS</u>											
B. <u>DEHYDRATION</u> Due to (Or As A Consequence Of): <u>2 WEEKS</u>											
C. <u>DECUBITUS ULCER</u> Due to (Or As A Consequence Of): <u>4 WEEKS</u>											
D. <u>URINARY TRACT INFECTION</u> Due to (Or As A Consequence Of): <u>2 WEEKS</u>											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I CEREBROVASCULAR ACCIDENT WITH FUNCTIONAL HEMIPLEGIA, NON INSULIN DEPENDENT DIABETES, HYPERTENSION, DEMENTIA											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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		36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <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: LINUS B. GANDHI, 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: LINUS B. GANDHI, 2727 HIGHWAY AVENUE, HIGHLAND, IN 46322						44. License Number 01057594A		45. Date Certified 02/05/2013			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: ARVIND KAKODKAR, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 06 2013					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											