



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 101983

Local No 003284

EDR No 00000537051

State No 048066

1. Decedent's Legal Name (First, Middle, Last) PETER N BONDI				1a. Maiden Name (If female)		2 Sex MALE		3. Time Of Death 09:40 AM		4. Date Of Death (Month/Day/Year) 10/12/2016	
5. Social Security Number [REDACTED]		6a. Age - Yrs 73		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) 07/30/1943		8. Birthplace (City and State or Foreign Country) CHICAGO, IL									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		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) 311 SPRUCE COURT											
12. City Or Town, State, And Zip Code LOWELL, IN, 46356						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 KAREN BONDI				15a. Last Name Before First Marriage GUSE				16. Decedent's Usual Occupation SECURITY GUARD		17. Kind Of Business/Industry SECURITY	
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town LOWELL		18c. Street And Number 311 SPRUCE COURT	
18d. Apt. No.		18e. Zip Code 46356		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) PETER BONDI						23. Parent's Name (First, Middle, Last) ELAINA BONDI			23a. Parent's Last Name Before First Marriage STILES		
24. Informant's Name KAREN BONDI				24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 311 SPRUCE COURT, LOWELL, IN 46356					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) GEISEN CREMATION CENTRE				25c. Location - City, Town, And State CROWN POINT, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356						27a. Funeral Home License Number: FH83004277			
27b. Signature Of Indiana Funeral Service Licensee: JENNIFER LYNN OSBURN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21300013					
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. ADENOCARCINOMA OF COLON WITH LUNG METASTASIS Due to (Or As A Consequence Of) 8 YEARS B. _____ C. _____ D. _____ 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											
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? <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 type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 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) OCT 18 2016				37. Injury At Work? <input type="checkbox"/> Yes <input 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) NOT VALID UNLESS	
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		45. Date Certified 10/13/2016			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A		47. Akas: 10/13/2016			
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE					
49. For Registrar Only - Date Filed (Month/Day/Year): OCT 14 2016						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

