



# NOT AN OFFICIAL DOCUMENT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **389378**

Local No 00052

EDR No: 00001662820

State No 2024-000791

1. Decedent's Legal Name (First, Middle, Last) <b>Daniel H. Cortez</b>		11. Maiden Name (If female) <b>/</b>		2. Gender <b>Male</b>		3. Time of Death <b>12:46 AM</b>		4. Date of Death (Month/Day/Year) <b>01/07/2024</b>											
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs. <b>56</b>		6b. Under 1 Year Months <b>/</b>		6c. Under 1 Month Days <b>/</b>		6d. Under 1 Day Hours <b>/</b>		6e. Under 1 Hour Minutes <b>/</b>		7. Date of Birth (Month/Day/Year) <b>06/03/1967</b>		8. Birthplace (Only and State or Foreign Country) <b>East Chicago, Indiana</b>					
9. Place of Death (If at a Hospital) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Deceased at Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)													10. If Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) <b>Community Hospital Munster</b>										12. City or Town, State, and Zip Code <b>Munster, Indiana 46321</b>		13. County of Death <b>Lake</b>		14. Marital Status At Time of Death: <input 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 <b>Elizabeth Theresa Cortez</b>				16. Last Name Before First Marriage <b>Puentes-Cortez</b>				17. Decedent's Usual Occupation <b>Mechanic</b>				18. Kind of Business/Industry <b>Automotive</b>							
19. Residence - Street <b>IN 8147 Harrison Avenue</b>				19a. City or Town <b>Lake</b>				19b. County <b>Munster</b>				19c. Apt. No. <b>/</b>		19d. Zip Code <b>46321</b>		19e. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Highest Education <b>High School graduate or GED completed</b>										21. Decedent's Race <b>White</b>		22. Parents' Name (First, Middle, Last) <b>Jose Cortez</b>				23. Parents' Last Name Before First Marriage <b>Hernandez</b>			
24. Informant's Name <b>Elizabeth Cortez</b>				24a. Relationship to Decedent <b>Wife</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8147 Harrison Avenue; Munster, IN, 46321</b>				25. Funeral Home License Number <b>FH10700038</b>							
26. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Poison <input type="checkbox"/> Drowning <input type="checkbox"/> Entombed <input type="checkbox"/> Radiation/Toxic State <input type="checkbox"/> Other (Specify)		26a. Place of Disposition (Name of Cemetery, Crematory, Other Place) <b>St. John - St. Joseph Catholic Cemetery</b>		26b. Location - City, Town, and State <b>Hammond, IN</b>		27. Name and Complete Address of Funeral Facility <b>Kish Funeral Home 10000 Calumet Ave, Munster; Indiana, 46321</b>				27a. License Number (or Licensee) <b>FD01021500</b>									
28. Part I: Enter The Chain of Events - Diseases, Injuries, or Contagions - 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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death)</b>										28a. Cause of Death (See Instructions And Examples) <b>anoxic encephalopathy</b>		28b. Location - City, Town, and State <b>Lake, IN</b>		28c. Approximate Interval - Onset To Death <b>4 d</b>					
28. Part II: 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										28b. Location - City, Town, and State <b>Hammond, IN</b>		28c. Approximate Interval - Onset To Death <b>4 d</b>							
28. Part III: Enter Other Significant Conditions Contributing To Death (But Not Resulting In The Underlying Cause Given In Part I) <b>anemia, liver cirrhosis</b>										28b. Location - City, Town, and State <b>Hammond, IN</b>		28c. Approximate Interval - Onset To Death <b>4 d</b>							
29. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. Where Autopsy Finding Available (or Complete) (If Cause of Death?) <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Date of Injury (Month/Day/Year) <b>/</b>		32. Time of Injury <b>/</b>		33. Place of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Workplace, etc.) <b>/</b>		34. City or Town <b>/</b>		35. Street & Number <b>/</b>		36. Apt. No. <b>/</b>		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location of Injury - State <b>IN</b>		39. Describe How Injury Occurred <b>/</b>		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/> NO VALID UNLESS		41. Signature of Person Carrying Cause of Death <b>Wardell Dean Chaudhry</b>		42. Name, Address and Zip Code of Person Carrying Cause of Death <b>Ferruh Selim Chaudhry 901 McArthur Blvd, Munster, IN 46321</b>		43. Signature of Local Health Officer <b>Chandana Aravinda</b>		44. Date of Death <b>01/07/2024</b>		45. Date of Entry <b>01/10/2024</b>		46. For Registrar Only - License Number (Month/Day/Year) <b>/</b>			
Electronically Signed - AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)																			
LAKE COUNTY HEALTH OFFICER																			