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91-0385

INDIANA STATE BOARD OF HEALTH

91-017687

Local No. ....

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK  
DECEDENT  
PARENTS  
INFORMANT  
DISPOSITION  
CAUSE OF DEATH  
CERTIFIER  
HEALTH OFFICER  
CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) <b>JEFFERY S. CHIRILA</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>8:37 P M</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>May 16, 1991</b>	
5a. AGE—Last Birthday (Years) <b>27</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	8. DATE OF BIRTH (Mo, Day, Yr) <b>August 30, 1963</b>		
7. BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1983</b>	9b. CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>			
9d. COUNTY OF DEATH <b>Lake</b>		10. MARITAL STATUS (Specify) <b>Never Married</b>			
11. SURVIVING SPOUSE (if wife, give maiden name) <b>None</b>		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Fork Truck Operator</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Indiana Sugars</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Hobart</b>	13d. STREET AND NUMBER <b>3109 West Ridge Road</b>		
13e. ZIP CODE <b>46342</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>		18. FATHER'S NAME (First, Middle, Last) <b>John Chirila</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Stella Kalcenski</b>			20a. INFORMANT'S NAME (Type/Print) <b>John Chirila</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3109 W. Ridge Rd., Hobart, Indiana 46342</b>		20c. Relationship <b>Father</b>			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>May 20, 1991 Calvary Crematory</b>		21c. LOCATION—City or Town, State <b>Portage, Indiana</b>	
22a. EMBALMER'S NAME <b>James W. Gholston</b>		22b. EMBALMER'S LICENSE NO. <b>FDO1004194</b>	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krouse</i>		24b. LICENSE NUMBER (of Licensee) <b>FDO1006463</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rees Funeral Homes Inc. FH83003069 600 W. Ridge Rd., Hobart, IN 46342</b>		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death <b>Unknown</b>					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Blunt force trauma with pulmonary contusions</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>rupture of liver and right kidney.</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>Hemoperitoneum</b> DUE TO (OR AS A CONSEQUENCE OF): d. <b>Hemothorax</b>					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>Yes</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>		
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>			29c. MEDICAL LICENSE NO. <b>16120</b>	29d. DATE SIGNED (Month, Day, Year) <b>May 20, 1991</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Rebecca K. Foster, M.S., MPH/et</i>				32. DATE FILED (Month, Day, Year) <b>MAY 20 1991</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) <b>May 16, 1991</b>	34b. TIME OF INJURY <b>Unknown</b>	34c. INJURY AT WORK? (Yes or no) <b>No</b>	34d. DESCRIBE HOW INJURY OCCURRED <b>Automobile/Truck</b>
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>Street</b>			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>Route 20 East County Line Road Portage, Indiana</b>		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>May 16, 1991</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>Yes Driver</b>			