92-013962

INDIANA STATE BOARD OF HEALTH

Local No. 0878-92

CERTIFICATE OF DEATH

Ctata	NIa			
State	INO.	 	 	

	arie A.	Gilbo <u>e</u>	AGE—Lest Birthday	Sb. UNDER 1 YEAR	5c. UNDER	Female		6:58 p		1 18,	1992 te or Foreign Country)
NENT			(Years) 91	Months Days		Minutes			Salar Salar		11inois
8a. V	WAS DECEDENT A U.S. VETERAN?	8b. YEAR L U.S. AR	AST SERVED IN MED FORCES?	HOSPITAL: Inpe	allant		-		e. See instructions	No. of the last of	
No	5	_			Outpatient C			☐ Nursing Home ☐ Residence	Other (Spec	ify)	
	FACILITY NAME (If not ins					9c. CITY, TOWN.	OR LOCA	TION OF DEATH	9d. COUN	TY OF DEATH	
	unster Comm						Munster		Lake k 12b. KIND OF BUSINESS/INDUSTRY		
W:	MARITAL STATUS (Specify) idowed	(If wife,	VING SPOUSE give maiden name)		Kitche		UPATION life. Do no	(Give kind of work t use retired)	Rand	McNa1	
13a.	RESIDENCE-STATE	13b. COUN	NTY	13c. CITY, TOWN, OF	LOCATION		10.00	STREET AND N			
	ndiana	37.5	ke	Hammond					st Stree		
136.	ZIP CODE 13f. INSIDE D No	X Yes	14. CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT No Mexican, Puerto	Yes (If yes, s	pecify Cuban,		American Indian. Vhite, etc. v)			grade completed) College (1-4 or 5 +)
46		☐ Yes	U.S.A.				Whi	te	The state of the s	Yrs	
_	FATHER'S NAME (First MI		0.0			19. MOTHER'S		st, Middle, Maiden		12.0	1
-	oseph Levan	-				Anna N					
	INFORMANT'S NAME (7)								Town, State, Zip (Relationship
-	homas Gilbo		oment	21b. DATE AND PLACE				Indiana	21c. LOCATION-		ON State
13 132	Burial Crematic		ral from State	The second secon	April 22					3.19 St 10411.	
	Donation D Other (S	pecify)			alvary (1		Porta	ige, In	diana
** FASSE	embalmers name ames Porras			22b EMBALMER 1045	rs license no. 5964			AS DEATH REPOR	RTED TO CORON	ER?	
248 SIGNATURE OF FUNERA	L DIRECTOR		24b	LICENSE NUMBE	R 135	NAME A	PPESS AND HIS	FEF BYMBF18	SEEFINE STANK	M5819	
6	Be	- 1	R		(of Licensee)		340 H	ohman A		THE THOU	02013
		1 ~	Dan	\sim \mid \cdot	8601763	Ha	ammon	d, India	ana		
26. 1				aused the death. Do not e					ana	-	Approximate
	arrest, shoo		List only one cause of	sused the death. Do not e	enter nonspecific to	arms, such as card	liac or resp	iretory	ana	//- ///	Approximate Interval Between Onset and Death
IMMI disea	errest, shoo EDIATE CAUSE (Final ase or condition		ACIME	aused the death. Do not e	enter nonspecific to	erms, such as card	diac or reap	iratory	ana		Interval Between
IMMi dises resul	arrest, shoo EDIATE CAUSE (Final ase or condition (ting in death)		List only one cause of ACUTE DUE TO 1	sused the death. Do not en each line. MOCAR OR AS A CONSEQUEN CCETTIVE	COAL SICE OF)	erms, such as card	diac or reap	iratory	ana		Interval Between
IMMI dises resul Cond rise t	Briest, shoot EDIATE CAUSE (Finel ase or condition (ting in death) ditions, if any, which gave to the immediate cause.		List only one cause of ACUTE DUE TO 1	aused the death. Do not e	COAL SICE OF)	erms, such as card	diac or reap	iratory	ana		Interval Between
IMMI disea resul Cond rise t statin	arrest, shoot EDIATE CAUSE (Final ase or condition (ting in death) ditions, if any, which gave	ck, or heart failure a. b. c.	List only one cause of ACUST & DUE TO (sused the death. Do not en each line. MOCAR OR AS A CONSEQUEN CCETTIVE	CE OF)	erms, such as card	diac or reap	iratory	ana		Interval Between
IMMI disea resul Conc rise t statin cause	arrest, shoot EDIATE CAUSE (Final ase or condition liting in death) ditions, if any, which gave to the immediate cause, ng the underlying	a. b. d	DUE TO (OR AS A CONSEQUEN	ICE OF)	FA FARCE HRT F	ALW	J RE-		28b WERE A	Interval Between
IMMI disea resul Cond rise t statin cause	arrest, shot EDIATE CAUSE (Final ase or condition (Iting in death) ditions, if any, which gave to the immediate cause, ng the underlying e last	a. b. d	DUE TO (OR AS A CONSEQUEN	ICE OF)	erms, such as cerc	ALU ENT OR 90 DA	J RE-	N AUTOPSY MED?	AVAILAE	Interval Between Onset and Death JTOPSY FINDINGS BLE PHIOR TO
IMMI disea resul Conc rise t statin cause	arrest, shot EDIATE CAUSE (Final ase or condition (Iting in death) ditions, if any, which gave to the immediate cause, ng the underlying e last	a. b. d	DUE TO (OR AS A CONSEQUEN	ICE OF)	THE FARCE	ENT OR 90 DAY	28a WAS AI PERFOR	N AUTOPSY MED?	COMPLE	Interval Between Onset and Death JTOPSY FINDINGS
IMMI disea result Concrise t statistical statistical particular cause PAR	arrest, shot EDIATE CAUSE (Final ase or condition fiting in death) ditions, if any, which gave to the immediate cause, ng the underlying te last IT II Other significant cond	b. c. d. trions - Conditions	DUE TO (OR AS A CONSEQUEN	ICE OF) ICE OF) ICE OF) ICE OF)	TWAS DECEDE PREGNANT (POSTPARTU) (Yes of GO)	ALLU ENT OR 90 DA	28a WAS AI PERFOR	N AUTOPSY MED?	COMPLE	Interval Between Onset and Death JTOPSY FINDINGS BLE PHIOR TO TION OF CAUSE
IMMI dises result Contribute to statistic cause PAR	arrest, shot EDIATE CAUSE (Final ase or condition (ling in death) ditions, if any, which gave to the immediate cause, ag the underlying te last IT II Other significant cond CERTIFIER (Check only	b. c. d.	DUE TO G CONTROL TO GENERAL TO the PHYSICIAN To the	oused the death. Do not e on each line MOCAR OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN but not previously stated	ICE OF) ICE OF) ICE OF) ICE OF) ICE OF)	TWAS DECEDE PRECNANT (POSTPARTU) (Yes of 100)	ENT ON PO DAY	28a WAS AI PERFOR (Yes of	N AUTOPSY MED? 하하)	COMPLE OF DEAT	Interval Between Onset and Death UTOPSY FINDINGS ILE PHIOR TO TION OF CAUSE H7 (Yes or to)
IMMI disea result Contribute to station cause.	arrest, shot EDIATE CAUSE (Final ase or condition fiting in death) ditions, if any, which gave to the immediate cause, and the underlying te last IT II Other significant cond CERTIFIER (Check only one)	b. c. d. CERTIFYING	DUE TO G PHYSICIAN To the Basis of	on each line IN OCAR OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN but not previously stated	ICE OF)	7. WAS DECEDE PRECNANT (POSTPARTU) (Yes of 10)	ENT OR 90 DAY	28a WAS AI PERFOR (Yes of the cause(s) me, date, and place	N AUTOPSY MED? as stated	AVAILAE COMPLE OF DEAT	UTOPSY FINDINGS LLE PHIOR TO TION OF CAUSE HT (Yes or to)
IMMI disse result Contribution of the station cause PAR 29a.	arrest, shot EDIATE CAUSE (Final ase or condition fiting in death) ditions, if any, which gave to the immediate cause, and the underlying te last IT II Other significant cond CERTIFIER (Check only one)	CERTIFYING HEALTH OFF CORONER OF CERTIFIER	DUE TO G PHYSICIAN To the Basis of	aused the death. Do not e on each line MOCAR OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN but not previously stated but not previously stated death of my knowledge, diexamination and/or inventor	ICE OF)	7. WAS DECEDE PRECNANT (POSTPARTU) (Yes of 10)	ENT ON POPULATION OF THE STREET OF THE STREE	28a WAS AI PERFOR (Yes of the cause(s) me, date, and place	N AUTOPSY MED? as stated , and due to the ca se to the cause(s) se	AVAILAE COMPLE OF DEAT	UTOPSY FINDINGS LLE PHIOR TO TION OF CAUSE HT (Yes or to)
IMMI disea result Concrise tratering attainment of the course of the cou	arrest, shot EDIATE CAUSE (Final ase or condition fiting in death) ditions, if any, which gave to the immediate cause, ing the underlying to last IT II Other significant cond CERTIFIER (Check only one) SONATURE AND TITLE NAME AND ADDRESS OF	tions - Conditions CERTIFYING CORONER OF CERTIFIER OF CERTIFIER	DUE TO (DUE	aused the death. Do not e on each line MOCAR OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN but not previously stated but not previously stated desamination and/or investigation and/or investigation or OF DEATH (ITEM 28) (ICE OF) ICE OF) ICE OF) ICE OF) In Part I. 2 eath occurred at the satigation, in my opinion, description, in my opinion, description.	7. WAS DECEDE PRECNANT (POSTPARTU) (Yes of Colonia, date, and philing, death occurred at the	ENT ON POPULATION OF THE STREET OF THE STREE	28a WAS AI PERFOR (Yes of the cause(s)) me, date, and place, and place, and discovered the cause (s).	N AUTOPSY MED? as stated , and due to the ca se to the cause(s) se	AVAILAE COMPLE OF DEAT	Interval Between Onset and Death JTOPSY FINDINGS ILE PHIOR TO TION OF CAUSE H7 (Yes or to) Attended NED (Month, Day, Year)
IMMI disse result Concrise tratation cause PAR 29a.	arrest, shot EDIATE CAUSE (Final ase or condition fiting in death) ditions, if any, which gave to the immediate cause, ng the underlying e last IT II Other significant cond CERTIFIER (Check only one) SIGNATURE AND TITLE	DEERTIFYING HEALTH OFF CORONER OF CERTIFIER PERSON WHO 1, 9495	DUE TO (DUE	aused the death. Do not e on each line MOCAR OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN but not previously stated but not previously stated desamination and/or investigation and/or investigation or OF DEATH (ITEM 28) (ICE OF) ICE OF) ICE OF) ICE OF) In Part I. 2 eath occurred at the satigation, in my opinion, description, in my opinion, description.	7. WAS DECEDE PRECNANT (POSTPARTU) (Yes of Colonia, date, and philing, death occurred at the	ENT ON POPULATION OF THE STREET OF THE STREE	28a WAS AI PERFOR (Yes of the cause(s)) me, date, and place, and place, and discovered the cause (s).	N AUTOPSY MED? as stated , and due to the ca se to the cause(s) se	AVAILAE COMPLE OF DEAT	Interval Between Onset and Death JTOPSY FINDINGS ILE PHIOR TO TION OF CAUSE H7 (Yes or to) Attended NED (Month, Day, Year)
PAR 29a 29b 30 h D1	arrest, shock EDIATE CAUSE (Final asse or condition ting in death) ditions, if any, which gave to the immediate cause, ing the underlying le last IT II Other significant cond CERTIFIER (Check only one) SCHATURE AND TITLE NAME AND ADDRESS OF T. R. KAINSA HEALTH OFFICERS SIGN.	DEERTIFYING HEALTH OFF CORONER OF CERTIFIER PERSON WHO 1, 9495	DUE TO G BOTH TO THE STATE OF	DATE OF DEATH (ITEM 26) (ST. JOhn COF DEATH (ITEM 26) (ST. JOhn ST. JOhn	COAL COP	TWAS DECEDE PREGNANT (POSTPARTU) The time, date, and postpant of the time, date, and postpant occurred at the time.	ENT DR 90 DA	28a WAS AI PERFOR (Yes of the cause(e) me, date, and place, and discrete of the cause(e) and place. Also place of the cause(e)	es stated a, and due to the case to the cases(a) a	AVAILAE COMPLE OF DEAT IUSE(S) AS STATES ATE FILE OF DEAT	Interval Between Onset and Death UTOPSY FINDINGS BLE PHIOR TO TION OF CAUSE H7 (Yes or fo) Interval Between MED (Month, Day, Year)
PAR 29a 29b 30 P 31 P	arrest, shot EDIATE CAUSE (Final ase or condition filing in death) ditions, if any, which gave to the immediate cause, ng the underlying e last IT II Other significant cond CERTIFIER (Check only one) SONATURE AND TITLE NAME AND ADDRESS OF T. R. KANSA	DEERTIFYING HEALTH OFF CORONER OF CERTIFIE PERSON WHO 1, 9495	DUE TO (DUE	aused the death. Do not e on each line MORAS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN DUT NOT PREVIOUSly stated description and/or investigation action and/or investigation St. John Williams RY 34b TIME O	inter nonspecific to COPAL COPAL COPAL COPA COPA	7. WAS DECEDE PRECNANT (POSTPARTU) (Yes of Colonia, date, and philing, death occurred at the	ENT DR 90 DA	28a WAS AI PERFOR (Yes of the cause(e) me, date, and place, and discrete of the cause(e) and place. Also place of the cause(e)	N AUTOPSY MED? as stated , and due to the ca se to the cause(s) se	AVAILAE COMPLE OF DEAT IUSE(S) AS STATES ATE FILE OF DEAT	Interval Between Onset and Death UTOPSY FINDINGS BLE PHIOR TO TION OF CAUSE H7 (Yes or fo) Interval Between MED (Month, Day, Year)
PAR 29a 29b 30 f D3 f CC	BEDIATE CAUSE (Final asset or condition ting in death) ditions, if any, which gave to the immediate cause, nog the underlying lest ast If II Other significant cond CERTIFIER (Check only one) SONDTURE AND TITLE NAME AND ADDRESS OF T. R. KANSA HEALTH OFFICERS SIGN. MANNER OF DEATH	CERTIFYING HEALTH OFF CORONER OF CERTIFIER OF CORONER OF CERTIFIER ATUR	DUE TO G DUE TO G DUE TO G S contributing to death PHYSICIAN To the basis of on the basis of examination of th	DATE OF DEATH (ITEM 26) (INJURY	eath occurred at the statigation, in my opinion, d. Type/Print)	TWAS DECEDE PREGNANT (POSTPARTU) (Yes of 10) The time, date, and particular and particular action, death occurred at the course of the course	ENT DR 90 DAY	28a WAS AI PERFOR (Yes of the cause(e) me, date, and place, and discount of the cause(e) and place, and place, and discount of the cause(e) and place, and	N AUTOPSY MED? as stated and due to the cause(s) is the cause(s) is to the cause(s) is	AVAILAE COMPLE OF DEAT SUBSE(S) AS STATE 290 DATE SIG	Interval Between Onset and Death UTOPSY FINDINGS BLE PHIOR TO TION OF CAUSE H7 (Yes or to) Interval Between Onset and Death O (Month, Day, Year) O (Month, Day, Year)
F Concrise to statistical states of the stat	arrest, shock EDIATE CAUSE (Final asset or condition ting in death) ditions, if any, which gave to the immediate cause, no the underlying a last IT II Other significant cond CERTIFIER (Check only one) SONATURE AND TITLE NAME AND ADDRESS OF T. R. KANSA HEALTH OFFICERS SIGN. MANNER OF DEATH Natural Pending Investig	CERTIFYING CERTIFYING HEALTH OFF CORONER OF CERTIFIER OF CERTIFIER ATURAL Author	DUE TO G DUE TO G DUE TO G S contributing to death PHYSICIAN To the basis of on the basis of examination of th	DOR AS A CONSEQUENT OF AS A CONS	eath occurred at the statigation, in my opinion, d. Type/Print)	TWAS DECEDE PREGNANT (POSTPARTU) (Yes of 10) The time, date, and particular and particular action, death occurred at the course of the course	ENT DR 90 DAY	28a WAS AI PERFOR (Yes of the cause(e) me, date, and place, and discount of the cause(e) and place, and place, and discount of the cause(e) and place, and	es stated a, and due to the case to the cases(a) a	AVAILAE COMPLE OF DEAT SUBSE(S) AS STATE 290 DATE SIG	Interval Between Onset and Death UTOPSY FINDINGS BLE PHIOR TO TION OF CAUSE H7 (Yes or to) Interval Between Onset and Death O (Month, Day, Year) O (Month, Day, Year)