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Key No. 44-145-11  
Unit 45, L.C.

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. **72-0915**      State No. \_\_\_\_\_

DECEASED NAME: **SALVADOR B. LOPEZ**      SEX: **MALE**      DATE OF DEATH: **JUNE 7, 1972**

RACE: **White**      AGE: **68**      DATE OF BIRTH: **2/17/04**      CITY OF DEATH: **LAKE**

DECEASED: **GARY**      HOSPITAL OR OTHER INSTITUTION: **METHODIST HOSPITAL**

STATE OF BIRTH: **MEXICO**      CITIZEN OF WHAT COUNTRY: **USA**      MARRIED:  NEVER MARRIED:  SURVIVING SPOUSE:  WIFE: **ROSA C. CASTELAN**

USUAL RESIDENCE: **INDIANA**      SOCIAL SECURITY NUMBER: **315 09 3812**      OCCUPATION: **HELPER**      BUSINESS OR INDUSTRY: **GARY WKS., US STEEL**

RESIDENCE: **INDIANA**      COUNTY: **LAKE**      CITY: **GARY**      INSIDE CITY LIMITS:       TOWNSHIP: **CALUMET**

STREET AND NUMBER: **532 Buchanan St.**      WAS DECEASED EVER IN U.S. ARMED FORCES?  YES  NO

FATHER: **PASCUAL LOPEZ**      MOTHER: **GUADALUPE BERNBDEZ**

INFORMANT: **ROSA C. LOPEZ**      RELATIONSHIP: **WIFE**      MAILING ADDRESS: **532 Buchanan St., Gary, Ind.**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) IMMEDIATE CAUSE	(b) DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <b>BRONCHOGENIC CARCINOMA</b>	(b) <b>BRAIN METASTASIS</b>	<b>9 MC.</b>
		<b>2 H 10</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

DATE & TIME OF DEATH: **JUNE 7 1972**      DATE SIGNED: **JUN 13 1972**

PHYSICIAN'S NAME: **Dr. Paul A. Alfaro**      SIGNATURE OF PHYSICIAN: *[Signature]*

MAILING ADDRESS: **2712 Wabash Ave. Gary Indiana**

DISPOSITION: **Burial**      CEMETERY: **Chapel, Lawn Mem. Gds**      LOCATION: **Schererville, Indiana**

DATE: **6/10/72**      FUNERAL HOME: **BUI'S MEMORIAL CHAPEL, INC. 675 Adams St., Gary, Ind.**

HEALTH OFFICER'S SIGNATURE: *[Signature]*      RECEIVED BY LOCAL HEALTH OFFICER: **JUN 13 1972**

1133 PD-10 100M Mail To: DAN Toomey 7895 Broadway, Merrillville, Ind.

FUNERAL HOME: **FUNERAL HOME**      LICENSE No. **1380**

FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*      LICENSE No. **123**

EXAMINER'S NAME: **TERENCE P. BURRA**      SIGNATURE: *[Signature]*

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535 Buchanan St.  
Grandlage Lopez

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CERTIFIED COPY  
*Harold Smith*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE ..... JUN 18 1972 .....