

631941

Return to: Harold J. Helbling, Attorney at Law, 2806 Highway Avenue, Highland, Indiana 46322

TYPE OR PRINT  
PLAINLY WITH  
UNFAADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_  
F \_\_\_\_\_  
G \_\_\_\_\_  
H \_\_\_\_\_  
I \_\_\_\_\_  
J \_\_\_\_\_  
K \_\_\_\_\_  
L \_\_\_\_\_  
M \_\_\_\_\_  
N \_\_\_\_\_  
O \_\_\_\_\_  
P \_\_\_\_\_  
Q \_\_\_\_\_  
R \_\_\_\_\_  
S \_\_\_\_\_  
T \_\_\_\_\_  
U \_\_\_\_\_  
V \_\_\_\_\_  
W \_\_\_\_\_  
X \_\_\_\_\_  
Y \_\_\_\_\_  
Z \_\_\_\_\_

FILED

JUN 8 1981

Ad. Helbling 4-21-81

Disposition Permit  
Issued / /  
Provisional  
Certificate  
[ ] Yes [ ] No

Local No. 631941

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 396

FUNERAL HOME No. 154  
FUNERAL DIRECTOR'S LICENSE No. 615  
EMBALMER'S NAME James E. POTTS  
FUNERAL DIRECTOR'S SIGNATURE [Signature]

DECEASED

PARENTS

DISPOSITION

DECEASED - NAME <b>EMILIA C. MENDOZA</b>		SEX <b>Female</b>	DATE OF DEATH <b>April 27, 1981</b>
RACE <b>White</b>	AGE - Last Birthday <b>75</b>	DATE OF BIRTH <b>11-23-1901</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>	HOSPITAL OR OTHER INSTITUTION <b>St. Catherine Hospital</b>		IF DEPT. OF HEALTH, tuberculosis, etc. For use by health department <b>Inpatient</b>
STATE OF BIRTH <b>Mexico</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	SUPPORTING SPONSOR at date of death <b>Ignacio Mendoza</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION <b>Housewife</b>	KIND OF DWELLING OR OWNERSHIP <b>Own Home</b>
RESIDENCE STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>East Chicago</b>	
STREET AND NUMBER <b>3516 Fir</b>		IS RESIDENCE ON A FARM? <b>NO</b>	INSIDE CITY LIMITS <b>YES</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY AMERICAN, CUBAN, PUERTO RICAN, ETC. <b>NO</b>			
FATHER - NAME <b>Jose Maria Carrillo</b>		MOTHER - MAIDEN NAME <b>Francisca Martineza</b>	
INFORMANT NAME <b>Ignacio Mendoza</b>		MARITAL ADDRESS <b>3516 Fir East Chicago, Indiana 46322</b>	
OFFICIAL CREMATION, REMOVAL, OTHER <b>Burial</b>		CEMETERY OR CREMATORY - FUNERAL HOME <b>Mt. Mercy</b>	LOCATION <b>Gary, Indiana</b>
DATE <b>April 30, 1981</b>		FUNERAL HOME <b>Porras 3138 Fir East Chicago, Indiana 46312</b>	STATE OF INDIANA <b>6312</b>
NAME OF ATTENDING PHYSICIAN <b>George J. Greevich</b>		DATE SIGNED <b>5/4/81</b>	HOURS OF DEATH <b>PM</b>
MARITAL ADDRESS - PHYSICIAN <b>4321 Fir St. East Chicago Indiana 46312</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>5-4-81</b>	
IMMEDIATE CAUSE <b>Gastro Intestinal Bleeding</b>			
PART I <b>Esophageal Varices</b>			
PART II <b>Cirrhosis</b>			

SDH 78 003  
REV 10-77

230  
2E