

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

675223

Local No. 294

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 697

Below **FILED**
A JUN 19 1982
B

FUNERAL HOME
No. 281

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION GIVE
RESIDENCE BEFORE
ADMISSION.

FUNERAL DIRECTOR'S
LICENSE No. 2380

PARENTS

EMBALMER'S NAME
Thomas J. Burns

FUNERAL DIRECTOR'S
SIGNATURE
Thomas J. Burns

HAMMOND HEALTH COMMISSIONER
Franklin J. Burns

Date issued
APR 22 1980

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
APR 22 1980

Disposition Permit
Issued / /

Provisional
Certificate
 Yes No

1 DECEASED—NAME FIRST MIDDLE LAST Domingo Rodriguez		2 SEX Male	3 DATE OF DEATH (MONTH, DAY, YEAR) April 20, 1980
4 RACE—(1) White (2) Black American (3) Indian (4) Spanish White	5a AGE—Last Birthday (Yrs.) 59	5b UNDER 1 YEAR MO. DATE	5c UNDER 1 DAY HOURS MIN.
6a DATE OF BIRTH (Mo., Day, Yr.) 8/22/1920		7a COUNTY OF DEATH Lake	
7b TOWN OR LOCATION OF DEATH Hammond		7c HOSPITAL OR OTHER INSTITUTION (Name, street and number) St. Margaret Hospital	
8 STATE OF BIRTH (Mo. or U.S.A.) Texas		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		11 SURVIVING SPOUSE (Name, street and number) Otila Perez	
12 SOCIAL SECURITY NUMBER 461-14-4128		13a USUAL OCCUPATION (Give time of work done during most of working life, even if seasonal) Sign Maker	
13b RESIDENCE—STATE Indiana		13c CITY, TOWN OR LOCATION Hammond	
14a RESIDENCE—STATE Indiana		14b KIND OF BUSINESS OR INDUSTRY Inland Steel Co.	
15a RESIDENCE—STATE Indiana		15b COUNTY Lake	
15c CITY, TOWN OR LOCATION Hammond		15d STREET AND NUMBER 1118 State Street	
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		17 IS RESIDENCE ON A FARM? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	
18 INSIDE CITY LIMITS (SPECIFY YES OR NO) yes		19	
20 FATHER—NAME FIRST MIDDLE LAST Rosalio Rodriguez		21 MOTHER—MAIDEN NAME FIRST MIDDLE LAST Felipa Portillo	
22 INFORMANT—NAME (Type or Print) Otila Rodriguez		23 MAILING ADDRESS (APRIL OR R.F.D. NO.) 1118 State Street	
24 CITY OR TOWN Hammond, Indiana		25 STATE 46320	
26 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		27 CEMETERY OR CREMATORY—FUNERAL HOME Chapel Lawn	
28a DATE (MONTH, DAY, YEAR) April 23, 1980		28b LOCATION Schererville, Indiana	
29a FUNERAL HOME—NAME AND ADDRESS Burns-Kish Funeral Homes, Inc. Hammond, Indiana		29b (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
30 To the best of my knowledge, death occurred at the time, day and place and due to the causes stated. 21a (Signature) FR Heber		31 DATE SIGNED (Mo., Day, Yr.) 4-21-80	
32 NAME OF ATTENDING PHYSICIAN (Type or Print) FR Heber		33 HOUR OF DEATH 4:30 A M	
34 MAILING ADDRESS—PHYSICIAN 2905 Calumet		35 CITY OR TOWN Hammond, Ind	
36 HEALTH OFFICER—SIGNATURE Franklin J. Burns		37 DATE RECEIVED BY LOCAL HEALTH OFFICER APR 22 1980	
38 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiac Arrest		39 INTERNAL BETWEEN ORAL AND DEATH	
(b) Ischemic Heart Disease		40 INTERNAL BETWEEN ORAL AND DEATH	
(c) Diabetes Mellitus		41 INTERNAL BETWEEN ORAL AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (b) Diabetes Mellitus		42 AUTOPSY (Specify Yes or No) no	