

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

685207

Local No. 979

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Victor L. Deal
3827 Main St
E Chicago
State No. _____

976

EMBALMER'S NAME: Woodrow Donovan
FUNERAL DIRECTOR'S SIGNATURE: *James H. Fife*
LICENSE No. 5313
FUNERAL DIRECTOR'S LICENSE No. 8

DECEASED - NAME 1 JOSE R. GUTIERREZ		SEX Male	DATE OF DEATH (MONTH DAY YEAR) May 20, 1982
RACE 4 White	AGE 5a 71	DATE OF BIRTH (MONTH DAY YEAR) 6 12-19-1910	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b East Chicago		HOSPITAL OR OTHER INSTITUTION - Name, if not a hotel, give street and number 7c St. Catherine Hospital	IF HOSP OR INST Indicate DGA OP Error No. (Type and specify) 7d Inpatient
STATE OF BIRTH (if not in U.S.A. name country) 8 Mexico	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED, WIDOWED, DIVORCEE 10 Married	SURVIVING SPOUSE (if wife give maiden name) 11 Ruth Hinostroza
SOCIAL SECURITY NUMBER 13 306-03-8501		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Stocker	KIND OF BUSINESS OR INDUSTRY 14b Inland Steel Company
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c East Chicago	IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 4718 Carey Street		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Mexican			
FATHER - NAME 18 Cruz Gutierrez		MOTHER - MAIDEN NAME 17 Guadalupe Robles	
INFORMANT - NAME (Type or print) 18a Ruth Gutierrez (Wife)		MAILING ADDRESS 18b 4718 Carey Street East Chicago, Indiana 46312	
BURIAL, CREMATION, REMOVAL, OTHER (Type or print) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Mount Mercy Cemetery	LOCATION 19c Gary, Indiana
DATE (MONTH DAY YEAR) 20a May 24, 1982		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b FIFE FUNERAL HOME, 4201 Indpls. East Chicago, Ind.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d M. Y. Ali, M.D.		DATE SIGNED (Month, Day, Year) 21b May 24, 1982	HOUR OF DEATH 21c 6:40 PM
MAILING ADDRESS - PHYSICIAN 21e 4321 Fir Street East Chicago, Indiana		DATE RECEIVED BY LOCAL HEALTH OFFICIAL 22b 5/25/82	
HEALTH OFFICIAL - SIGNATURE 22a <i>A. Camporana M.D.</i>		INTERVAL BETWEEN ONSET AND DEATH	
CAUSE OF DEATH 23 Advanced Adenocarcinoma of the Cecum		INTERVAL BETWEEN ONSET AND DEATH	
SIGNIFICANT CONDITIONS - Conditions contributing to death and related to cause given in PART 23		AUTOPSY (Specify Yes or No) 24. No	

STATE OF INDIANA
FILED
WILLIAM BELL
RECORDED
OCT 25 4 01 PM '82

CO. Campagna M.D.