

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

718409

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 314

Below for State Office Use

- A
- B
- C
- D
- E
- F
- G
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FILED

JUL 29 1983

LICENSE No. 4518

THOMAS J. BURNS

EMBALMER'S NAME

FUNERAL HOME  
FUNERAL DIRECTOR'S  
LICENSE No. 2380

FUNERAL DIRECTOR'S  
SIGNATURE  
*Thomas J. Burns*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE(S)

CAUSE

DECEASED - NAME 1 <b>LEONARDO R. RAMOS</b>				SEX 2 <b>MALE</b>	DATE OF DEATH (MONTH DAY YEAR) 3 <b>JULY 11, 1983</b>
RACE - (eg. White, Black, American Indian, etc.) 4 <b>WHITE</b>	AGE - (last birthday) 5a <b>60</b>	UNDER 1 YEAR 5b MCS DAYS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (MONTH DAY YEAR) 6 <b>8/4/1922</b>	COUNTY OF DEATH 7a <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH 7b <b>EAST CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION - (Name, if not in either, give street and number) 7c <b>ST. CATHERINE HOSPITAL</b>		IF HOSP OR INST indicate DDA UP (eg. Bldg, Inpatient) (See, 12) 7d <b>INPATIENT</b>	
STATE OF BIRTH (if not in U.S. & name country) 8 <b>TEXAS</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 <b>MARRIED</b>	SURVIVING SPOUSE (if wife, give maiden name) 11 <b>HORTENSIA AGUIRRE</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 <b>NO</b>
SOCIAL SECURITY NUMBER 13 <b>465-36-2426</b>		USUAL OCCUPATION (if kind of work done during most of working life, even if retired) 13a <b>CONDUCTOR</b>		KIND OF BUSINESS OR INDUSTRY 14b <b>INLAND STEEL CO.</b>	
RESIDENCE - STATE 15a <b>INDIANA</b>	COUNTY 15b <b>LAKE</b>	CITY, TOWN OR LOCATION 15c <b>HAMMOND</b>		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d <b>837 LOGAN STREET</b>		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>MEXICAN</b>		INSIDE CITY LIMITS (SPECIFY CITY AND STATE) 15f <b>YES</b>	
FATHER - NAME 16 <b>JOSE RAMOS</b>		MOTHER - MAIDEN NAME 17 <b>MARIANA RAMOS</b>		STATE OF BIRTH <b>INDIANA</b>	
INFORMANT - NAME (title or Dr.) 18a <b>HORTENSIA RAMOS/Wife</b>		RELATIONSHIP <b>Wife</b>	MAILING ADDRESS 18b <b>837 LOGAN ST.</b>	STREET OR R.F.D. NO. <b>HAMMOND, INDIANA</b>	CITY OR TOWN <b>46320</b>
BURIAL, CREMATION, REMOVAL, OTHER (specify) 19a <b>BURIAL</b>		CEMETERY OR CREMATORY - FUNERAL HOME 19b <b>ST. JOSEPH CEMETERY</b>		LOCATION 19c <b>HAMMOND, INDIANA</b>	
DATE (MONTH DAY YEAR) 20a <b>JULY 13, 1983</b>		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b <b>BURNS-KISH FUNERAL HOMES, INC. HAMMOND, INDIANA</b>		To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>S. Makam</i>	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <b>Satyaprakash n. Makam</b>		DATE SIGNED (Mo., Day, Yr.) 21b <b>7/13/1983</b>	HOUR OF DEATH 21c <b>5:45 A M</b>		
MAILING ADDRESS - PHYSICIAN 21e <b>4320 Fir St. Suite 410 East Chicago, Indiana 46312</b>		HEALTH OFFICER - SIGNATURE 22 <i>E. A. Campagna, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>7-15-83</b>	
IMMEDIATE CAUSE 23 <b>Cardiac Arrest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>60 Hrs</b>		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF (b) <b>Myocardial Infarction and Cardiogenic Shock</b>		Interval between onset and death		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF (c) <b>Intra abdominal Process</b>		Interval between onset and death		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not related to cause given in PART I) PART II		AUTOPSY (Yes, No, or No) 24 <b>No</b>		24	

8073

WILLIAM BILBARI JR  
RECORDED  
JUL 25 1983  
STATE OF INDIANA  
DEPARTMENT OF HEALTH

*Joe*