FILED

JAN 13 1977

LICENSE No. 11-4998

FUNERAL DIRECTOR'S No. 615

LICENSE No. 11-4998

741240

State No. 1296-76

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 1296-76

Demecio Esquibel

PERMANENT INK
SEE HANDBOOK FOR INSTRUCTIONS

AUDITOR LAKE COUNTY

DECEASED

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

1. DECEASED—NAME FIRST: Demecio	MIDDLE	LAST: Esquibel	2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): November 13, 1976	
4. RACE: White	5a. AGE—LAST BIRTHDAY (YEARS): 73	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR): 9-17-1903	7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN, OR LOCATION OF DEATH: Munster	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Munster Med Inn			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): N. Mexico	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):		
12. SOCIAL SECURITY NUMBER: 306-03-3467	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY: Steel			
14a. RESIDENCE—STATE: Indiana	14b. COUNTY: Lake	14c. CITY, TOWN OR LOCATION: Gary	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	14e. TOWNSHIP: North	
14f. STREET AND NUMBER: 2417 Cline Avenue	14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	14h. IS RESIDENCE ON A FARM? YES ☐ NO ☐			

PARENTS

15. FATHER—NAME FIRST: Nestor	MIDDLE	LAST: Esquibel	16. MOTHER—MAIDEN NAME FIRST: Eucadia	MIDDLE: Jimenez	LAST
17a. INFORMANT—NAME: Rose Guajardo	17b. RELATIONSHIP: Daughter	17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 5302 East 11th Pl., Gary, Indiana			

CAUSE

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

18. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) Cardio Pulmonary Failure	Immediate
DUE TO, OR AS A CONSEQUENCE OF:	(b) Cerebral Malacia	Indefinite
DUE TO, OR AS A CONSEQUENCE OF:	(c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

19a. AUTOPSY YES ☐ NO ☐

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES ☐ NO ☐

20. DATE & TIME OF DEATH MONTH: November	DAY: 13	YEAR: 1976	HOUR: 10:15A.M.	21a. DATE SIGNED MONTH: November DAY: 15 YEAR: 1976
22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: Dr. T. Chael, MD				22b. SIGNATURE OF PHYSICIAN: Dr. T. Chael, MD — PHY. CODE NO.
M. D. OR D. O. — 23. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO: 7905 Calumet Avenue	CITY OR TOWN: Munster	STATE: Indiana	ZIP: 46321	

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	24b. CEMETERY, CREMATORY, FUNERAL HOME: Elmwood	24c. LOCATION CITY OR TOWN: Hammond	STATE: Indiana
24d. DATE (MONTH, DAY, YEAR): November 16, 1976	25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Porras-McGuan 3438 Fir Street, East Chicago, Indiana		
25b.	26a. HEALTH OFFICER—SIGNATURE: Peter Stecy, MD	26b. DATE RECEIVED BY LOCAL HEALTH OFFICER: November 18, 1976	

EMBALMER'S NAME James E. Porras

FUNERAL DIRECTOR'S SIGNATURE James E. Porras

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LAKE COUNTY HEALTH DEPARTMENT

STATE OF INDIANA

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