

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

low for State Office Use

755032

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 548-84

FUNERAL HOME No. 300164

FUNERAL DIRECTOR'S LICENSE No. 200699

FUNERAL DIRECTOR'S SIGNATURE *Eugene L. Frum*

100420

LICENSE No.

EMBALMER'S NAME EUGENE L. FRUM

EMBALMER'S SIGNATURE

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.

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

1. DECEASED - NAME <b>LILE VENTURA</b>		2. SEX <b>Female</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>March 20, 1984</b>
4. RACE <b>White</b>	5a. AGE - Last Birthday <b>78</b>	5b. UNDER 1 YEAR 5c. UNDER 1 DAY	6. DATE OF BIRTH (Mo., Day, Yr.) <b>May 24, 1905</b>
7a. CITY, TOWN OR LOCATION OF DEATH <b>Hobart</b>	7c. HOSPITAL OR OTHER INSTITUTION (Name fill out in other, give street and number) <b>St. Mary Medical Center</b>		7d. IF HOSP. OR INST. Indicate DOA, CP, Emer. Res., Impound (Specify) <b>Inpatient</b>
8. STATE OF BIRTH <b>TEXAS</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Alberto Ventura</b>
13. SOCIAL SECURITY NUMBER <b>311-44-8686</b>	14a. USUAL OCCUPATION (Give kind of work done during most of working life, with dates) <b>Housewife</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>
15a. RESIDENCE - STATE <b>Indiana</b>	15b. COUNTY <b>Lake</b>	15c. CITY, TOWN OR LOCATION <b>Lake Station</b>	
15d. STREET AND NUMBER <b>2879 Arizona Street</b>		15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15f. 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>			
16. FATHER - NAME <b>Monico Gutierrez</b>		17. MOTHER - MAIDEN NAME <b>Juanita Bernal</b>	
18a. INFORMANT - NAME (Type or print) <b>Alberto Ventura, Husband</b>		18b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>2879 Arizona Street, Lake Station, IN 46405</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>BURIAL</b>		19b. CEMETERY OR CREMATORY - FUNERAL HOME <b>Calvary Cemetery</b>	
20a. DATE (MONTH, DAY, YEAR) <b>March 24, 1984</b>		20b. FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Frum Funeral Home, Inc., 1307 Central Ave., Lake Station, IN 46405</b>	
21a. (Signature) <i>Roberto Valenzuela</i>		21c. DATE SIGNED (Mo., Day, Yr.) <b>3/20/84</b>	
21d. NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Roberto Valenzuela M.D.</b>		21e. MAILING ADDRESS PHYSICIAN <b>5490 Broadway Merrillville, Ind 46410</b>	
22a. HEALTH OFFICER - SIGNATURE <i>Eugene L. Frum</i>		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER <b>3-23-84</b>	
23. IMMEDIATE CAUSE (IF ONLY ONE CAUSE PERFORM FOR (a) AND (b)) <b>Lungs + fibrosis</b>		24. INTERVAL BETWEEN ONSET AND DEATH	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF <b>Pneumonia</b>		Interval between onset and death	
PART II (b) DUE TO, OR AS A CONSEQUENCE OF <b>Pneumonia</b>		Interval between onset and death	
PART II (c) OTHER SIGNIFICANT CONTRIBUTING CAUSES (Contributors contributing to death but not related to cause given on PART I (a))		24. AUTOPSY (Specify Yes or No) <b>NO</b>	

3/24. Sub. Cast Gary  
7/50 H. of S. 170/14. W/2-180 24  
Reg. # 50-161-33

Disposition Permit Issued  
Provisional Certificate  
 Yes  No

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