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

Below for State Office Use.

FILED FEB 21 1985

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EEC 792880

Local No. 951-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 DECEASED—NAME (First, Middle, Last)	2 SEX	3 DATE OF DEATH (Month, Day, Year)
Domingo Perez Fernandez	male	May 20, 1984

4 RACE	5a AGE (Last Birthday)	5b UNDER 1 YEAR	5c UNDER 1 DAY	6 DATE OF BIRTH	7a COUNTY OF DEATH
Spanish	84			July 5, 1899	Lake

7b CITY, TOWN OR LOCATION OF DEATH	7c HOSPITAL OR OTHER INSTITUTION	7d IF HOSP. OR INST. Indicate DOA or Emer. Rm. Inpat. or Outpat.
Merrillville	Methodist Hospital South Lake Campus	INpatient

8 STATE OF BIRTH	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	11 SURVIVING SPOUSE	12 WAS DECEDENT EVER IN U.S. ARMED FORCES?
Spain	USA	Married	Eudosia Martinez	No

13 SOCIAL SECURITY NUMBER	14a USUAL OCCUPATION	14b KIND OF BUSINESS OR INDUSTRY
312-05-6509	Retired Hooker	Us Steel Gary Sheet & Tin Mil

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

15a RESIDENCE - STATE	15b COUNTY	15c CITY, TOWN OR LOCATION
Indiana	Lake	Gary

15d STREET AND NUMBER	15e IS RESIDENCE ON A FARM?	15f INSIDE CITY LIMITS (Corporation)
3644 Adams St	YES ☐ NO ☒	Yes

15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☒ NO ☐ Spain

PARENTS

16 FATHER - NAME (First, Middle, Last)	17 MOTHER - MAIDEN NAME (First, Middle, Last)
Julian Fernandez	Josafa Fernandez

18a INFORMANT - NAME (Type or print) RELATIONSHIP	18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Eudosia Fernandez wife	3644 Adams St Gary, Indiana 46408

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b CEMETERY OR CREMATORY — FUNERAL HOME	19 LOCATION (City or Town, State)
Removal Burial	Canle De Cemetery	San Gines, Spain

20a DATE (Month, Day, Year)	20b FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
May 26, 1984	Geisen Funeral Home 7905 Broadway Merrillville, Indiana 46410

M.D. OR D.O.

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	21b DATE SIGNED (Mo., Day, Yr.)	21c HOUR OF DEATH
Fabian Perez	May 21, 1984	10:00 P. M

21d NAME OF ATTENDING PHYSICIAN (Type or Print) Roberto Valenzuela

21e MAILING ADDRESS PHYSICIAN 5870 Broadway, Merrillville, Ind 46410

22a HEALTH OFFICER — SIGNATURE	22b DATE RECEIVED BY LOCAL HEALTH OFFICER
Carl A Johnson	5-22-84

CAUSE OF DEATH

23 IMMEDIATE CAUSE (Enter one cause per line for (a), (b) and (c).)

PART I
(a) Cerebral Hemorrhage — Interval between onset and death
DUE TO OR AS A CONSEQUENCE OF
(b) — Interval between onset and death
DUE TO OR AS A CONSEQUENCE OF
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a) — AUTOPSY (Specify Yes or No) 24 NO

SBH 06-003 State Form 35430
REV.10/77

EMBALMER'S NAME Ronald Mesarch

FUNERAL DIRECTOR'S SIGNATURE

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH LICENSE No. 591 HEALTH DEPT.

FUNERAL DIRECTOR'S LICENSE No. 367

AUDITOR LAKE COUNTY FUNERAL HOME 776 No.

MAY 22 1984

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MAY 21 1985 AT 3 PM RECORDED

Unit 25 Hyg 46-0326-24 Hyde Mortuary Hobart Ind 46342

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