

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT

FEB 3 - 1986  
Date Issued

THIS IS A PERMANENT RECORD

Below for State Office

FILED  
MAR 17 1986  
HAMMOND HEALTH COMMISSIONER

Charles W. Wells

EMBALMER'S NAME  
FUNERAL DIRECTOR'S SIGNATURE  
FUNERAL HOME  
LICENSE No. 1448  
FUNERAL DIRECTOR'S LICENSE No.

845493

Local No. 74

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

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

41314  
LAWYERS TITLE INS. CORP  
7895 BROADWAY  
MERRILLVILLE, IN 46410  
State No. 888

1 DECEASED—NAME FIRST Susano MIDDLE Ornelas LAST		2 SEX Male	3 DATE OF DEATH (MONTH, DAY, YEAR) 1-29-86
4 RACE—(100 White, Black, American Indian, etc.) White	5a AGE—Last Birthday (7-11) 83	5b UNDER 1 YEAR MONTHS	5c UNDER 1 DAY HOURS MIN
6 DATE OF BIRTH (Mo, Day, Yr) 12/12/1902		7a COUNTY OF DEATH Lake	
7b CITY, TOWN OR LOCATION OF DEATH Hammond		7c HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number) St. Margarets Hospital	
7d IF HOSP OR INST. Indicate DOA, OP, Emer, Rem, Institution (Specify) Inpatient		7e WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) no	
8 STATE OF BIRTH (If not in U.S.A name Country) Mexico	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Margaret Kubik
12 SOCIAL SECURITY NUMBER 312-05-2531		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith	
14a KIND OF BUSINESS OR INDUSTRY US Steel Corp.		14b	
15a RESIDENCE—STATE Indiana	15b COUNTY Lake	15c CITY, TOWN OR LOCATION Gary	
15d STREET AND NUMBER 2592 W. 9th Ave.		15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f INSIDE CITY LIMITS (Specify Yes or No) Yes
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
18 FATHER—NAME FIRST MIDDLE LAST		17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
18a INFORMANT—NAME (If you or grand) Margaret Ornelas Wife		18b MAILING ADDRESS 2592 W. 9th Ave., Gary, Indiana 46404	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY—FUNERAL HOME Ridgelawn Cemetery	
19c LOCATION Gary, Indiana		20b FUNERAL HOME—NAME AND ADDRESS (If street or R.F.D. no, city or town, state ZIP) PRUZIN BROTHERS, 6360 Broadway, Merr., Indiana 46410	
20a DATE (MONTH, DAY, YEAR) Feb. 1, 1986		21c HOUR OF DEATH 5:00 p.m.	
21a To the best of my knowledge and belief, the cause and date stated are true and correct. 21b NAME OF ATTENDING PHYSICIAN (Type or Print) S. Mischel, D.O.		21c DATE SIGNED (Mo, Day, Yr) 1/30/86	
21d MAILING ADDRESS—PHYSICIAN 5454 Roman Avenue, Hammond, Indiana 46320		21e HEALTH OFFICER—SIGNATURE Franklin J. Remuda M.D.	
22a IMMEDIATE CAUSE (a) CHRONIC BRONCHITIS (b) PNEUMONIA (c) End Stage Renal Dis		22b DATE RECEIVED IN LOCAL HEALTH OFFICE FEB 3 1986	
22c OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (c))		22d INTERNAL CAUSE AND DEATH Internal between onset and death	
23 PART I (a) IMMEDIATE CAUSE (b) CAUSE (c) CAUSE		24 PART II (a) OTHER SIGNIFICANT CONDITIONS (b) CAUSE	

LEGAL: Lot 47, Block 1, Borman's 2nd Addition, Tolleston, City of Gary, as shown in Plat Book 7, page 17, Lake County, Indiana. # 41-95-740