

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

For State Office Use

Local No. **872388**
83-0580

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

1864

1. DECEASED—NAME FIRST MIDDLE LAST FRANK EQUITHUA			2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) SEPTEMBER 7, 1983
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify) WHITE	5a. AGE—Last Birthday (Yr.) 79	5b. UNDER 1 YEAR MOS DAYS	5c. UNDER 1 DAY HOURS MINS	6. DATE OF BIRTH (Mo., Day, Yr.) Oct, 04, 1903
7. CITY, TOWN OR LOCATION OF DEATH GARY		7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) GARY MLTHDIST HOSP.		7d. IF HOSP. OR INST. Indicate DOA Op., Emer. Rm., Inpatient (Specify) inpatient
8. STATE OF BIRTH (If not in U.S.A. name country) MEXICO	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	11. SURVIVING SPOUSE (If wife, give maiden name) NONE	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO
13. SOCIAL SECURITY NUMBER 306-09-4974		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) roller	14b. KIND OF BUSINESS OR INDUSTRY steel mfg. co	
15a. RESIDENCE—STATE INDIANA	15b. COUNTY LAKE	15c. CITY, TOWN OR LOCATION GARY		15d. STREET AND NUMBER 1113 RALSTON STREET
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input checked="" type="checkbox"/> ; NO <input type="checkbox"/>		15e. IS RESIDENCE ON A FARM? NO <input checked="" type="checkbox"/>		
16. FATHER—NAME FIRST MIDDLE LAST SYLVESTER		17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST ISABEL		
18a. INFORMANT—NAME (Type or print) RACHAEL EQUIHUA		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 1113 RALSTON ST., GARY INDIANA		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		19b. CEMETERY OR CREMATORY—FUNERAL HOME MT. MERCY CEMETERY		19c. LOCATION CITY OR TOWN STATE GARY, INDIANA
20a. DATE (MONTH, DAY, YEAR) SEPT. 10, 1983		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) PRUSIECKI FUNERAL HOME, BOX J, EAST CHICAGO, IND. 46312		
21a. (Signature) <i>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) sept. 8, 1983		21c. HOUR OF DEATH M
21d. NAME OF ATTENDING PHYSICIAN (Type or Print) VIJAY DAVE M.D.				
21e. MAILING ADDRESS—PHYSICIAN 3890 Grant St. Gary IN, 46408				
22a. HEALTH OFFICER—SIGNATURE <i>[Signature]</i>			22b. DATE RECEIVED BY LOCAL HEALTH OFFICE 9/8/83	
23. IMMEDIATE CAUSE (Specify ONLY ONE CAUSE FOR I (a) AND (b)) Acute cardiorespiratory arrest				
PART I (a) DUE TO, OR AS A CONSEQUENCE OF Cerebro Vasculas Accident				
PART I (b) DUE TO, OR AS A CONSEQUENCE OF Stoke				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) ASHD, Pneumonia				
24. AUTOPSY—(Specify Yes or No) NO				

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE BOOK

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

FUNERAL HOME
FURNISHED
No. 9 1986
FURNISHED FOR LAKE COUNTY

FUNERAL DIRECTOR'S SIGNATURE
Raymond Prusiecki

EMBALMER'S NAME: RAYMOND PRUSIECKI
LICENSE No. 3951
FUNERAL DIRECTOR'S LICENSE No. 1543

Carroll & Wright
107
#112-163-44445
17445
RAYMOND PRUSIECKI

Disposition Permit issued
Provisional Certificate
Yes No

STATE OF INDIANA
FILED
AUG 29 4 05 PM 1983
CLERK

400

890078

James J. Howard, M.D.
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND

DATE 9/8/83