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

Below for State Office Use

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Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

Local No. 2233-83

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. 5760 Broadway

FILED DEC 26 1983

FUNERAL HOME No. 591 LICENSE No. 367

EMBALMER'S NAME Ronald J. Mesarch LICENSE No.

FUNERAL DIRECTOR'S SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

CERTIFIER

CAUSE

1. DECEASED—NAME (First, Middle, Last): ESMERALDA G. WAKEFIELD
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 12, 1983
4. RACE: White
5a. AGE—Last Birthday (Yrs.): 31
5b. UNDER 1 YEAR — MOS / DAYS
5c. UNDER 1 DAY — HOURS / MINS
6. DATE OF BIRTH (Mo., Day, Yr.): 1/12/1952
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Merrillville
7c. HOSPITAL OR OTHER INSTITUTION: Methodist Hospital, Southlake
7d. IF HOSP. OR INST. Indicate DOA OP/Emer. Rm., Inpatient (Specify): E.R.
8. STATE OF BIRTH (If not in U.S.A. name country): Texas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Roy Wakefield
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 465-90-1913
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: At home
15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: Merrillville
15d. STREET AND NUMBER: 689 W. 57th Avenue
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (Specify Yes or No): Yes
16g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☒ NO ☐ Mexican
16. FATHER—NAME (First, Middle, Last): Felipe Lopez
17. MOTHER—MAIDEN NAME (First, Middle, Last): Trinidad Gutierrez
18a. INFORMANT—NAME, RELATIONSHIP: Roy Wakefield (Husband)
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 689 W.57th Ave., Merrillville, IN. 46410
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal / Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Dellcrest Funeral Home / Concrete Cemetery
19c. LOCATION (City or Town, State): San Antonio, Texas / LaVernia, Texas
20a. DATE (Month, Day, Year): Removal-12/15/83
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Geisen Funeral Home, Inc., 7905 Bdwy, Merrillville 46410

To be Completed by CORONER Only

On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) stated

21a. Signature: Daniel D. Thomas
21b. DATE SIGNED (Mo., Day, Yr.): 1/31/84
21c. HOUR OF DEATH: M
21d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: 12/12/83
21e. PRONOUNCED DEAD (Hour) AT: 4:41 p.m.

21. NAME AND ADDRESS OF CERTIFIER (Type or Print): DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307

22a. HEALTH OFFICER—SIGNATURE: [illegible] M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 2-1-84

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I
(a) Vascular collapse — Interval between onset and death: Undetermined
DUE TO, OR AS A CONSEQUENCE OF
(b) Exact etiology unknown
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).

24. AUTOPSY (Specify Yes or No): Yes

25a. ACC., SUICIDE, HOM., UNDET., OR PEND. NG INVEST. (Specify): Undetermined
25b. DATE OF INJURY (Mo., Day, Yr.)
25c. HOUR OF INJURY: M
25d. DESCRIBE HOW INJURY OCCURRED
25e. INJURY AT WORK (Specify Yes or No)
25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
25g. LOCATION (Street or R.F.D. No., City or Town, State)

SBH-00-004 REV. 10/77 State Form 10110

RETURN TO: COMMERCIAL CREDIT
P.O. BOX 10515
MERRILLVILLE, IN 46411