

096078

RUTH Lopez  
4001 VIRGINIA ST GARY  
46409  
INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 1519  
Date of Death: November 2, 1980

TYPE OF FRONT  
PLASTIC WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

Local No. 1670-80

FUNERAL HOME  
No. 776

TYPE OF FRONT  
OR FRONT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

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

591

LICENSE No.

FUNERAL DIRECTOR'S  
LICENSE No. 367

EMBALMER'S NAME Ronald J. Mesarch

FUNERAL DIRECTOR'S  
SIGNATURE Robert J. Mesarch

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# 43-350-1  
1980

DECEASED—NAME FIRST MIDDLE LAST THOMAS BROSBEARS		SEX Male	DATE OF BIRTH November 2, 1903
RACE White		AGE—Last Birthday (Yr) 77	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Merrillville		HOSPITAL OR OTHER INSTITUTION—Name, No. and address Methodist Hospital Southlake Campus	
STATE OF BIRTH Indiana		CITY OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married 11 Frances Hall
SOCIAL SECURITY NUMBER 307-01-5436		USUAL OCCUPATION (Kind of work done during most of working life) 140 Laborer Retired 140 Gary Sheet & Tins	
RESIDENCE—STATE Indiana		COUNTY Lake	CITY, TOWN OR LOCATION Gary
STREET AND NUMBER 4001 Virginia Street		IS RESIDENCE ON A FARM? 160 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY (SPANISH, CUBAN, PUERTO RICAN, ETC.) 170 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME IRA BROSBEARS		MOTHER—MAIDEN NAME LEEANNA MARTIN	
RELATIONSHIP Francis Brosbears—Wife		MAILING ADDRESS 4001 Virginia Street Gary, Indiana 46409	
DISPOSITION Burial		CEMETERY OR CREMATORY—FUNERAL HOME Evergreen Memorial Park Hobart, Indiana	
DATE (MONTH DAY YEAR) November 5, 1980		FUNERAL HOME—NAME AND ADDRESS Geisen Funeral Home, Inc., 7905 Broadway, Merrillville	
NAME OF ATTENDING PHYSICIAN (Type or Print) Domenico J. Deschamps, M.D.		DATE SIGNED (Month Day Year) 11/12/80	
MAILING ADDRESS—PHYSICIAN 4655 Broadway Gary, Indiana		HEALTH OFFICER—Name Ken Jacey M.D.	
CAUSE PART I (a) Anoxia (b) Cardiac arrest (c) Hypotension		DATE RECEIVED BY LOCAL HEALTH OFFICER 11-12-80	
PART II Other Significant Conditions—Conditions contributing to death but not referred to either group in PART I list Generalized Arteriosclerosis		MINUTES minutes minutes minutes No	

SBH 06-003 State Form 35400  
REV. 10/77

BAD ORIGINAL