

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

Below for State Office Use

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

NOV 1 - 1985

HAMMOND HEALTH COMMISSIONER

Date Issued

EMBALMER'S NAME CHARLES WELLS

LICENSE No. 4237

FUNERAL DIRECTOR'S SIGNATURE

E. R. Taylor

FUNERAL DIRECTOR'S LICENSE No. 960

FUNERAL HOME No. 155

Key # 30-293-26 Legal: Indiana Harbor J. 28 Bl. 59

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 678

DECEASED—NAME FIRST: Guadalupe MIDDLE: Mendoza LAST: Mendoza		SEX: Female	DATE OF DEATH (MONTH DAY YEAR): 9-3-85
RACE: MEXICAN	AGE—Last Birthday (Yrs.): 44	UNDER 1 YEAR MO: 12 DAY: 10 HOUR: 19 MIN: 41	DATE OF BIRTH (MO DAY YR): 12-10-1941
CITY, TOWN OR LOCATION OF DEATH: HAMMOND		HOSPITAL OR OTHER INSTITUTION—Name, if not in center, give street and number: ST. MARGARETS HOSP.	IF HOSP OR INST. Indicate DOA: INF.
STATE OF BIRTH (or born in U.S.A.): MEXICO	CITIZEN OF WHAT COUNTRY: U.S.	MARRIED: NEVER MARRIED, WIDOWED, DIVORCED: MARRIED	SURVIVING SPOUSE (or wife, give maiden name): IGNACIO MENDOZA
SOCIAL SECURITY NUMBER: 311-70-4555	USUAL OCCUPATION (Give kind of work done during most of working life, specify if seasonal): HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY: HOME	
RESIDENCE—STATE: INDIANA	COUNTY: LAKE	CITY, TOWN OR LOCATION: EAST CHICAGO	
STREET AND NUMBER: 3722 HEMLOCK ST.		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify if not): YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15a. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEXICAN			
FATHER—NAME: FIRST: EUTERIO MIDDLE: BATA LAST: BATA		MOTHER—MAIDEN NAME: FIRST: CONSUELO MIDDLE: LAST:	
INFORMANT—NAME (Type or print): IGNACIO MENDOZA RELATIONSHIP: HUSB.		MAILING ADDRESS (Street or P.O. No.): 3522 HEMLOCK ST.	CITY OR TOWN: EAST CHICAGO STATE: INDIANA ZIP: 46312
BURIAL, CREMATION, REMOVAL, OTHER: BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME: OAK HILL CEM.	LOCATION: HAMMOND, INDIANA
DATE (MONTH DAY YEAR): 9-6-85		FUNERAL HOME—NAME AND ADDRESS: OLESKA FUNERAL HOME 3934 ELM ST. EAST CHICAGO, IND	STATE OF INDIANA/COUNTY: INDIANA/LAKE
NAME OF ATTENDING PHYSICIAN (Type or Print): S. Mischer, D.O.		DATE SIGNED (MO DAY YR): 9-4-85	HOUR OF DEATH (M P M): 7:25 p.m.
MAILING ADDRESS—PHYSICIAN: 5454 Hohman Avenue, Hammond, Indiana 46320		DATE RECEIVED BY LOCAL HEALTH OFFICER: SEP 9 7 1985	
HEALTH OFFICER—SIGNATURE: <i>Ernesta S. Mendoza</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER: SEP 9 7 1985	
IMMEDIATE CAUSE (PART I) (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
(a) Intercranial bleed		Interval between onset and death	
(b) Essential Hypertension		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Type or Print) (Yes or No): NO	

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

Anna N. Antone
AUDITOR LAKE COUNTY

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