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INDIANA STATE BOARD OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 302

CERTIFICATE OF DEATH

APR 21 1991 Date Issued
Franklin D. Remuda M.D. Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) Santos F. Nino Male

2 SEX Male

3a TIME OF DEATH 3:30A M

3b DATE OF DEATH (Month, Day, Yr) April 20, 1991

4 SOCIAL SECURITY NUMBER 709-09-6780

5a AGE—Last Birthday (Years) 83

5b UNDER 1 YEAR Months: Days

5c UNDER 1 DAY Hours Minutes

6 DATE OF BIRTH (Mo, Day, Yr) FEB 18, 1908

7 BIRTHPLACE (City and State or Foreign Country) Agnd. Pangasinan, Philipp

8a WAS DECEDENT A US VETERAN? Yes

8b YEAR LAST SERVED IN US ARMED FORCES? 1946

9a PLACE OF DEATH (Check only one See instructions)
 HOSPITAL Inpatient ER/Outpatient DOA
 OTHER Nursing Home Other (Specify) Residence

9b FACILITY NAME (If not institution, give street and number) 7534 Southeastern Ave.

9c CITY, TOWN, OR LOCATION OF DEATH Hammond

9d COUNTY OF DEATH Lake

10 MARITAL STATUS (Specify) Married

11 SURVIVING SPOUSE (If wife, give maiden name) Genevieve Taetsch

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Attendant

12b KIND OF BUSINESS/INDUSTRY Railroad

13a RESIDENCE—STATE Indiana

13b COUNTY Lake

13c CITY, TOWN, OR LOCATION Hammond

13d STREET AND NUMBER 7534 Southeastern Avenue

13a. ZIP CODE 46324

13i. INSIDE CITY LIMITS No Yes

13g. ON A FARM? No Yes

14 CITIZEN OF WHAT COUNTRY? USA

15 WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

16 RACE—American Indian, Black, White, etc (Specify) White

17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)

18 FATHER'S NAME (First, Middle, Last) Cornelio Nino

19. MOTHER'S NAME (First, Middle, Maiden Surname) Elena Fran

20a INFORMANT'S NAME (Type/Print) Genevieve Nino

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7534 Southeastern Ave., Hammond, IN 46324

20c Relationship Wife

21a METHOD OF DISPOSITION Entombment Burial Cremation Removal from State Donation Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 23, 1991 Oakland Memory Lanes

21c LOCATION—City or Town, State Dolton, Illinois

22a EMBALMERS NAME Charles D. Scheuer Jr.

22b EMBALMERS LICENSE NO 1006049

23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR John V. Heiber

24b LICENSE NUMBER (of Licenses) 1045362

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 3002869 Virgil Huber Funeral Home 7051 Kennedy, Hammond, IN 46323

26 PART I Enter the diseases, injuries or complications that caused the death Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure List only one cause on each line

IMMEDIATE CAUSE (Final disease or condition resulting in death) Carcinoma of the prostate & metastases

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II Other significant conditions - Conditions code as to cause but previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO

28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO

29a. CERTIFIER (Check only one) CERTIFIER To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
 HEALTH OFFICER 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) as stated.
 CORONER 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) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER Franklin D. Remuda M.D.

29c. MEDICAL LICENSE NO. 23156

29d. DATE SIGNED (Month, Day, Year) APRIL 23, 1991

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Florino G. Pamintuan M.D., 7905 Calumet Avenue, Hammond Clinic, Munster, IN 46321

31. HEALTH OFFICER'S SIGNATURE Franklin D. Remuda M.D.

32. DATE FILED (Month, Day, Year) APR 24 1991

33 MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no)

34d. DESCRIBE HOW INJURY OCCURRED

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)

34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

#36-495-8
Caul Play Unit & Woodner A. 301 Rt 8 N. 221 St 9



STATE OF INDIANA
COUNTY OF LAKE
MAY 15 1991
RECORDED

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