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PERMANENT
RECORD

Below for State Office Use

93019692

8-0787

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

ATY. S. BRENNAN
Chapel PLAZA, N. Complex
7895 Broadway
MERR. IN. 46410-5584
State No. _____

Local No. _____

DECEASED—NAME 1. ISMAEL AGOSTO SANTOS			SEX Male	DATE OF DEATH (MONTH DAY, YEAR) October 26, 1981
RACE—(a) White (b) Black (c) American Indian (Specify)	AGE—Last Birthday (11a) 37	UNDER 1 YEAR (11b) MO. DA. YR.	UNDER 1 DAY (11c) HOURS MINS.	DATE OF BIRTH (Mo. Day Yr.) 8-7-1944
CITY, TOWN OR LOCATION OF DEATH 7a. Gary		HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number) 7c. Gary Airport - (Industrial Hwy) DOA		IF HOSP. OR INST. INDIAN OR GP (Specify Yes or No)
STATE OF BIRTH (If not in U.S.A. name country) Puerto Rico	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 13. Married	SURVIVING SPOUSE (If wife give maiden name) Carmen Santana	
SOCIAL SECURITY NUMBER 13. 304-48-1883		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14. Assistant Cashier		KIND OF BUSINESS OR INDUSTRY 15. First National Bank
RESIDENCE—STATE COUNTY 15a. Indiana Lake		CITY, TOWN OR LOCATION 15b. East Chicago		IS RESIDENCE ON A FARM? 15c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 507 W. 143rd Street		INSIDE CITY LIMITS (Specify Yes or No) 15f. Yes		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Puerto Rican
FATHER—NAME FIRST MIDDLE LAST 16. Bernardo Santos		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Juana Agosto Reyes		
INFORMANT—NAME (Type or print) 18a. Carmen Santos (Wife)		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 18b. 507 W. 143rd Street East Chicago, Indiana 46312		
BURIAL: CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Mount Mercy Cemetery		LOCATION CITY OR TOWN STATE 19c. Gary, Indiana
DATE (MONTH DAY, YEAR) 20. October 29, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20. FIFE FUNERAL HOME 4201 Indpls East Chicago, Ind.		
NAME OF ATTENDING PHYSICIAN (If not a Physician) 21. Alfred J. Dainko, M.D.		DATE SIGNED (Mo. Day, Yr.) 21. 26 October 81		HOURS OF DEATH 21c. 9:15 P.M.
MAILING ADDRESS—PHYSICIAN 21. 915 W. Chicago Avenue East Chicago, Indiana 46312		HEALTH OFFICER SIGNATURE 22a. [Signature]		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE UNDERLYING CAUSE LAST 23. Sereus Aneurysm due to Myelosclerosis		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. OCT 27 1981		
PART I (a) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH 1 YR		
PART I (b) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH 1 XR		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24. No		

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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 UNDERLYING CAUSE LAST

CAUSE

EMERAL HOME

UNIVERSAL DIRECT

LICENSE NO. 67

LICENSE

EMBALMER'S NAME Woodrow D...

FUNERAL DIRECTOR'S SIGNATURE James H. Fife

Disposition Permit Issued

Provisional Certificate

Yes No

SBH 06-003 REV. 10/77

FILED

MAR 25 1993

Gene N. Anton ALTON LAKE COURTY

01200

6:00

Sub. Rec. A. 89 T. 37 R. 9 A. 60 H. 3. 619
#30-27-5
Sub. No. 89 T. 37 R. 9 A. 60 H. 3. 619
#30-27-9
Sub. No. 89 T. 37 R. 9 A. 60 H. 3. 619
#30-27-15