

INDIANA STATE BOARD OF HEALTH

Steiber St Subdiv

E. 27.511th lot 25

State No. Key # 29-104-25

Local No: 93084413

CERTIFICATE OF DEATH

tax mailing add: 1446 Steiber St c/o Rebecca Ruiz Whiting, IN 46394

unit # 28

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED - NAME FIRST MIDDLE LAST: BLASA F. PONCE; 2 SEX: Female; 3 DATE OF BIRTH: March 11, 1989; 4 SOCIAL SECURITY NUMBER: L310-22-5931; 5a AGE: 73; 5b UNDER 1 YEAR: Months 0, Days 0, Hours 0, Minutes 0; 5c UNDER 1 DAY: Hours 0, Minutes 0; 6 DATE OF BIRTH (Month Day Year): May 5, 1915; 7 BIRTHPLACE: Laredo, Texas

PRECEDENT

8 YEAR LAST SERVED IN U.S. ARMED FORCES: None; 9a FACILITY NAME: Saint Catherine Hospital; 9b CITY TOWN OR LOCATION OF DEATH: East Chicago; 9c COUNTY OF DEATH: Lake

10 MARITAL STATUS: Widowed; 11 SURVIVING SPOUSE: (None); 12a DECEDENT'S USUAL OCCUPATION: Self Employed; 12b KIND OF BUSINESS/INDUSTRY: Grocer

13a RESIDENCE - STATE: Indiana; 13b COUNTY: Lake; 13c CITY, TOWN OR LOCATION: Whiting; 13d STREET AND NUMBER: 1446 Steiber Street

13e INSIDE CITY LIMITS? Yes; 13f FARM? No; 13g ZIP CODE: 46394; 14 WAS DECEDENT OF HISPANIC ORIGIN? Mexican; 15 RACE: Hispanic; 16 DECEDENT'S EDUCATION: Unavailable

PARENTS

17 FATHER'S NAME: Octaviano Fuentes; 18 MOTHER'S NAME: Maria de Jesus Arredondo

FORMANT

19a INFORMANT'S NAME: Francisco Ponce Jr.; 19b MAILING ADDRESS: 2279 Indianapolis Blvd, Whiting, IN 46394; 19c Relationship: Son

DISPOSITION

20a METHOD OF DISPOSITION: Burial; 20b DATE AND PLACE OF DISPOSITION: March 14, 1989; 20c LOCATION: Hammond, Indiana

PRONOUNCING PHYSICIAN ONLY

21a SIGNATURE OF FUNERAL DIRECTOR: [Signature]; 21b LICENSE NUMBER: FD 1008643; 21c NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: CRUZICH FUNERAL HOME, 2031 Indianapolis Blvd, Whiting, IN 46394

CAUSE OF DEATH

23a To the best of my knowledge death occurred at the time, date, and place stated; 23b LICENSE NUMBER: [Blank]; 23c DATE SIGNED: [Blank]; 24 TIME OF DEATH: 10:50 A.M.; 25 DATE PRONOUNCED DEAD: [Blank]; 26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? NO

INSTRUCTIONS

27 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. a) Cardiovascular accident; b) Cardiovascular accident; c) Cardiovascular accident; d) [Blank]

HEALTH OFFICER

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I; 27a WAS AN AUTOPSY PERFORMED? NO; 27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NO

CERTIFIER

28a CERTIFIER (Check only one): CERTIFYING PHYSICIAN; 28b SIGNATURE AND TITLE OF CERTIFIER: [Signature]; 28c LICENSE NUMBER: 010254825; 28d DATE SIGNED: MARCH 16, 1989

HEALTH OFFICER

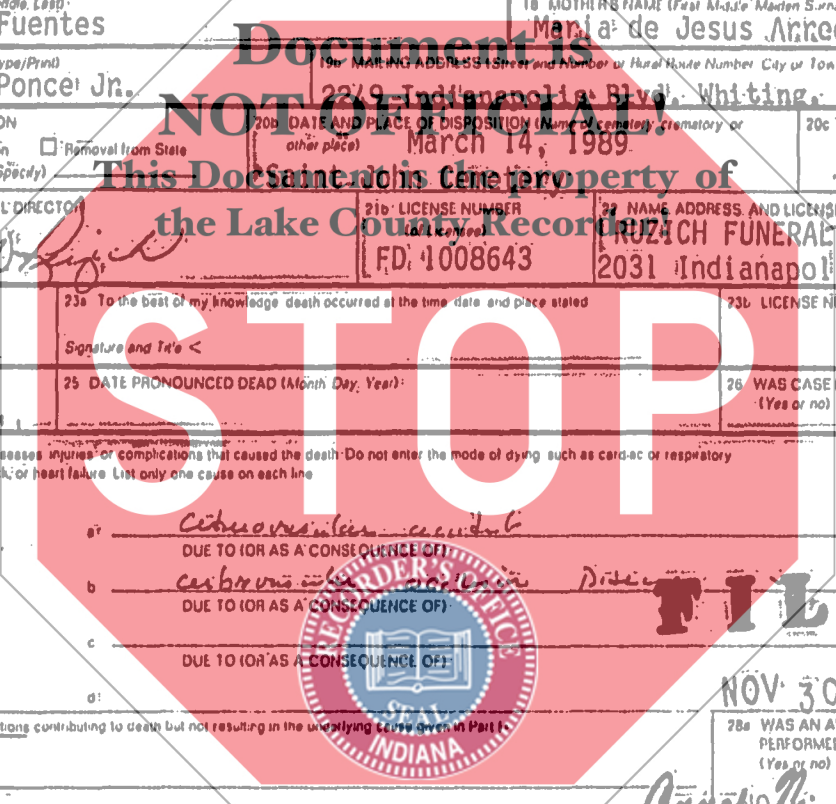
29 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 21) (Type/Print): Timothy Rajkovich, M.D., 2075 Indianapolis Blvd, Whiting, IN 46394; 30 HEALTH OFFICER'S SIGNATURE: E. D. Campagna, M.D.; 31 DATE FILED: 3-16-89

CORONER OR MEDICAL EXAMINER USE ONLY

32 MANNER OF DEATH: Natural; 33a DATE OF INJURY: [Blank]; 33b TIME OF INJURY: [Blank]; 33c INJURY AT WORK? [Blank]; 33d DESCRIBE HOW INJURY OCCURRED: [Blank]; 34a PLACE OF INJURY: [Blank]; 34b LOCATION: [Blank]

1406-A

Vertical text on the left margin: # 29-104-25 Steiber St Subdiv E. 27.511th lot 25 unit # 28



FILED

NOV 30 1998

Handwritten initials or mark in the bottom right corner.