

5cc

heshwood-on-west-Fifth Add 522 1/2 ft lot 1724 N 15th lot 173

Key #45-283-21  
Unit #25

82 0017

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

Local No. ....

05500

FUNERAL HOME

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED—NAME <b>94026542 Joe Diaz</b>		SEX <b>Male</b>	DATE OF DEATH MONTH DAY YEAR <b>Jan. 10, 1982</b>
RACE—(a) White, (b) Black, American Indian, (c) Other <b>Cau</b>	AGE—Last birthday (m) (d) (y) <b>59</b>	UNDER 1 YEAR MO MONTHS DAY DAYS	UNDER 1 DAY HOURS MIN
CITY, TOWN OR LOCATION OF DEATH <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION—Name if not in other part of report and number <b>St. Mary's Mercy Hospital</b>	IF HOSP OR INST because DGA or (b) or (c) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) <b>Inpatient</b>
STATE OF BIRTH (a) or in U.S.A. (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) <b>Married</b>	SURVIVING SPOUSE (a) or (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) <b>Mercedes Martinez</b>
SOCIAL SECURITY NUMBER <b>314-14-8925</b>		USUAL OCCUPATION (a) or (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) <b>Retired Tractor Driver</b>	KIND OF BUSINESS OR INDUSTRY <b>Rockwell International</b>
RESIDENCE—STATE <b>Ind.</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Gary</b>	
STREET AND NUMBER <b>286 Tompkins St.</b>		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INDIAN RESERVATION? 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

DECEASED

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

PARENTS

IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18a YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>Mexican</b>		
FATHER—NAME <b>George Diaz</b>	MOTHER—MAIDEN NAME <b>Maria Garcia</b>	

DISPOSITION

INFORMANT—NAME (a) or (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) <b>Mercedes Diaz</b>	RELATIONSHIP <b>Wife</b>	MAILING ADDRESS <b>286 Tompkins St.</b>	CITY OR TOWN <b>Gary, Indiana 46406</b>
BURIAL, CREMATION, REMOVAL, OTHER (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) <b>Burial</b>	CEMETERY OR CREMATORY—FUNERAL HOME <b>Calumet Park Cemetery</b>	LOCATION <b>Merrillville, Ind.</b>	
DATE <b>January 14, 1982</b>	FUNERAL HOME—NAME AND ADDRESS <b>Rendina Funeral Home, 5100 Cleveland St. Gary, Ind. 46408</b>		

M.D. OR D.O.

21a (Signature) <b>R.A. Horavassian MD</b>	DATE SIGNED (m) (d) (y) <b>1/14/82</b>	HOUR OF DEATH <b>M</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>7863 Bidway M'Alle Ind</b>		
MAILING ADDRESS—PHYSICIAN		

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

HEALTH OFFICER—SIGNATURE <b>E. N. Callahan MD</b>	DATE RECEIVED BY LOCAL HEALTH OFFICER <b>JAN 18 1982</b>
23 IMMEDIATE CAUSE (WRITE ONLY ONE CAUSE EXCEPT FOR (1), (2) AND (3)) <b>MASSIVE CEREBROVASCULAR ACCIDENT</b>	
PART I (a) DUE TO OR AS A CONSEQUENCE OF <b>Myocardial Infarction</b>	
(b) DUE TO OR AS A CONSEQUENCE OF <b>CARDIAC ARREST.</b>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	

**FILED**

APR 8 1982

*Anna N. Anton*

EMBALMER'S NAME Anthony S. Rendina Jr.  
FUNERAL DIRECTOR'S SIGNATURE *Anthony S. Rendina Jr.*  
LICENSE No. 1010  
FUNERAL DIRECTOR'S LICENSE No. 2124

SBH 08-003 State Form 35430  
REV. 10/77

tax mailing address: 286 Tompkins St, Gary, IN 46406

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