*ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

Local No. 773

4430 Hohman Ave
Hammond, In 46327

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

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

Oct. 25, 1995 — Date Issued — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| 1 DECEASED—NAME (First Middle Last) | 2 SEX | 3a TIME OF DEATH | 3b DATE OF DEATH (Month, Day, Yr) |
|---|---|---|---|
| Jose A. Pagan | Male | 3:00p M | October 23, 1995 |

| 4 *SOCIAL SECURITY NUMBER | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months / Days | 5c UNDER 1 DAY Hours / Minutes | 6 DATE OF BIRTH (Mo. Day. Yr.) | 7 BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 580-98-2147 | 49 | | | Apr. 29, 1946 | San Juan, Puerto Ri |

| 8a WAS DECEDENT A U.S. VETERAN? | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a PLACE OF DEATH (Check only one. See instructions) |
|---|---|---|
| No | - | HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence |

| 9b FACILITY NAME (If not institution, give street and number) | 9c CITY, TOWN, OR LOCATION OF DEATH | 9d COUNTY OF DEATH |
|---|---|---|
| 4430 Hohman Avenue | Hammond | Lake |

| 10 MARITAL STATUS (Specify) | 11 SURVIVING SPOUSE (If wife, give maiden name) | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 12b KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Married | Ana D. Santos | Welder | Union Tank Car Co. |

| 13a RESIDENCE—STATE | 13b COUNTY | 13c CITY, TOWN, OR LOCATION | 13d STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Hammond | 4430 Hohman Avenue |

| 13e ZIP CODE | 13f INSIDE CITY LIMITS | 13g ON A FARM? | 14 CITIZEN OF WHAT COUNTRY? | 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 16 RACE—American Indian, Black, White, etc. (Specify) | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | College (1-4 or 5+) |
|---|---|---|---|---|---|---|---|
| 46327 | ☐ No ☒ Yes | ☒ No ☐ Yes | U.S.A. | ☐ No ☒ Yes Puerto Rican | White | 7 | |

**PARENTS**

| 18 FATHER'S NAME (First Middle Last) | 19 MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| Miguel A. Pagan | Ana Hernandez |

**INFORMANT**

| 20a INFORMANT'S NAME (Type/Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 20c Relationship |
|---|---|---|
| Ana D. Pagan | 4430 Hohman Ave Hammond, IN 46327 | Wife |

**DISPOSITION**

| 21a METHOD OF DISPOSITION | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 21c LOCATION—City or Town, State |
|---|---|---|
| ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify) | October 25, 1995 Elmwood Cemetery | Hammond, Indiana |

| 22a EMBALMER'S NAME | 22b EMBALMER'S LICENSE NO | 23 WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| James H. Fife | FD01010795 | ☐ No ☒ Yes |

| 24a SIGNATURE OF FUNERAL DIRECTOR | 24b LICENSE NUMBER (of Licensee) | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| John P. Fife | FD01020366 | FIFE FUNERAL HOME - FH83001512 4201 Indpls.Blvd.,E.Chgo, IND |

**CAUSE OF DEATH**

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): a. AIDS — Approximate interval between onset and death: Years

DUE TO (OR AS A CONSEQUENCE OF): b. Wasting Syndrome

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

DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I: Diabetes Mellitus

| 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) | 28a WAS AN AUTOPSY PERFORMED? (Yes or no) | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE? (Yes or no) |
|---|---|---|
| No | | |

Ky # 36-202-37

**CERTIFIER**

29a CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN 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 | 29c MEDICAL LICENSE NO | 29d DATE SIGNED (Month, Day, Year) |
|---|---|---|
| T. Vokes | 01036951 | Oct. 25, 1995 |

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

T.J. Vokes, M.D. - 7905 Calumet Ave., Munster, Indiana 46321

**HEALTH OFFICER**

31 HEALTH OFFICER'S SIGNATURE T. Vokes Franklin F. Bermuda M.D. (October) — 32 DATE FILED (Month, Day, Year) 10-25-95

| 33 MANNER OF DEATH | 34a DATE OF INJURY (Month, Day, Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined | | | | |

| 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. |
|---|---|
| | |

000567 JK

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

CS. QD



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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MARGARET LEE RECORDER
FILED NOV 1 1995 AM PM
SAM OLTICH AUDITOR LAKE COUNTY