

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. **1043-96**

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

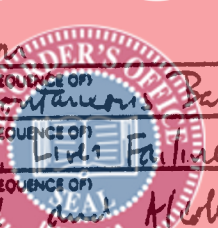
CERTIFIER

HEALTH OFFICER

47-309-27

1. DECEASED—NAME (First Middle Last) FRANK J. GONZALES		2. SEX MALE		3a. TIME OF DEATH 8:45p.		3b. DATE OF DEATH (Month Day, Yr) May 13, 1996	
4. SOCIAL SECURITY NUMBER 454-20-1262		5a. AGE—Last Birthday (Year) 72		5b. UNDER 1 YEAR Months Days 12 15		5c. UNDER 1 DAY Hours Minutes 18 45	
6. DATE OF BIRTH (Month Day, Yr) May 14, 1923		7. BIRTHPLACE (City and State of Birth Country) San Antonio, Texas					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9. PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> POA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not mentioned give street and number) Methodist Hospital Southlake Campus				9b. CITY, TOWN OR LOCATION OF DEATH Merrillville		9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Rebecca M. Manzo		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mechanic		12b. KIND OF BUSINESS/INDUSTRY Inland Steel	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Gary		13d. STREET AND NUMBER 4265 Maryland Street	
13e. ZIP CODE 46409		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican	
15a. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify any highest grade completed) Summary/Secondary (9-12) 9th College (11-4 or 5-7) 96					
18. FATHER'S NAME (First Middle Last) Manuel Gonzales				19. MOTHER'S NAME (First Middle Maiden Surname) Crescencia Delgado			
20a. INFORMANT'S NAME (Type/Print) Rebecca M. Gonzales				20b. MAILING ADDRESS (Street and Rural Route Number, City or Town, State, Zip Code) 4265 Maryland St., Gary, Indiana 46409		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Home or cemetery, crematory, or other place) May 17, 1996 Calumet Park Cemetery		21c. LOCATION—City, Town, or County Merrillville, Indiana			
22a. EMBALMER'S NAME _____		22b. EMBALMER'S LICENSE NO. _____		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Alexis ...</i>		24b. LICENSE NUMBER (of Licensee) FD08600505		25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home Inc. FH83007762 7905 Broadway, Merrillville, In. 46410			
26. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms such as "natural causes" or "old age." THIS CERTIFIES THE ABOVE IS A TRUE AND IMMEDIATE COPY OF THE ORIGINAL OF THE CERTIFICATE OF DEATH FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT. Conditions if any which gave rise to the immediate cause stating the underlying cause last.							
TYPHOUS FEVER		POSSIBLE SPONTANEOUS BACTERIAL EMBOUS		CEREBROSIS, LIVER FAILURE		HEPATITIS C AND ALCOHOLISM	
Approximate Interval Between Onset and Death		1 day		1 day		yes	
PART II: Other conditions contributing to death but not previously stated in Part I.		LAKELAND HEALTH COMMISSIONER		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. DATE SIGNED (Month Day, Year) 5/16/96					
29b. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.		29c. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel B. Hurwigh M.D.</i>				29d. MEDICAL LICENSE NO. 010V1262	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Daniel B. Hurwigh M.D., 8895 Broadway, Merrillville, Indiana 46410							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i>						32. DATE FILED (Month Day, Year)	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
34d. PLACE OF INJURY—At home farm street factory, office building, etc. (Specify)		34e. DESCRIBE HOW INJURY OCCURRED 001162					
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.		34i. DATE FILED (Month Day, Year)					

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
OCT 16 1996
MERRILLVILLE, IN

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