* **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

Local No. 97-0754 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): CRUZ S DOMINQUEZ

2 SEX: Male

3a TIME OF DEATH: 7:35 PM

3b DATE OF DEATH (Month, Day, Yr.): November 5, 1997

4 *SOCIAL SECURITY NUMBER: 455-28-2057

5a AGE—Last Birthday (Years): 75

5b UNDER 1 YEAR (Months / Days):

5c UNDER 1 DAY (Hours / Minutes):

6 DATE OF BIRTH (Mo. Day. Yr.): May 3, 1922

7 BIRTHPLACE (City and State or Foreign Country): El Paso, Tx

8a WAS DECEDENT A US VETERAN?: No

8b YEAR LAST SERVED IN US ARMED FORCES?: N/A

9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☒ DOA; OTHER ☐ Nursing Home ☒ Other (Specify): Alley ☐ Residence

9b FACILITY NAME (If not institution, give street and number): Alley Behind 433 E 5th Av

9c CITY, TOWN OR LOCATION OF DEATH: Gary

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Married

11 SURVIVING SPOUSE (If wife, give maiden name): Cecilia

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Construction

12b KIND OF BUSINESS/INDUSTRY: Union

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN OR LOCATION: Gary

13d STREET AND NUMBER: 285 Tyler

13e ZIP CODE: 46402

13f INSIDE CITY LIMITS ☐ No ☒ Yes

13g ON A FARM? ☐ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY?: USA

15 WAS DECEDENT OF HISPANIC ORIGIN? ☐ No ☒ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.): Mexican

16 RACE—American Indian, Black, White etc. (Specify): Mexican

17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4; College (1-4 or 5 +):

PARENTS

18 FATHER'S NAME (First, Middle, Last): UNK Dominquez

19 MOTHER'S NAME (First, Middle, Maiden Surname): Unk Saenz

INFORMANT

20a INFORMANT'S NAME (Type/Print): Cecilia Dominquez

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 285 Tyler Gary, In 46402

20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 11, 1997 Ridgelawn Cemetery

21c LOCATION—City or Town, State: Gary, In

22a EMBALMER'S NAME: Avis Brown-Robinson

22b EMBALMER'S LICENSE NO: FD29700012

23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Avis Robinson

24b LICENSE NUMBER (of Licensee): FD29700012

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Genesis Funeral Home FH29600010 421 W 5th Av Gary, In 46402

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. Laceration of right subclavian artery hemothorax
DUE TO (OR AS A CONSEQUENCE OF):
b. Due to stab wounds to the body
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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

Approximate Interval Between Onset and Death: Unknown

PART II. Other significant conditions. Conditions contributing to death but not resulting in the underlying cause stated in Part I.

FILED NOV 21 1997 SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 1997 NOV 21 PM 12:56 SAM ORLICH AUDITOR

26a WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No

26b WAS AN AUTOPSY PERFORMED? (Yes or no): Yes

26c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): Yes

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. DEPUTY

29b SIGNATURE AND TITLE OF CERTIFIER: [signature]

29c MEDICAL LICENSE NO: N/A

29d DATE SIGNED (Month, Day, Year): November 7, 1997

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature] M.D.

32 DATE FILED (Month, Day, Year): NOV 07 1997

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☒ Homicide

34a DATE OF INJURY (Month, Day, Year): Nov. 5, 1997

34b TIME OF INJURY: Unknown

34c INJURY AT WORK? (Yes or no): No

34d DESCRIBE HOW INJURY OCCURRED: Stab wounds

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): outside - alley

34f LOCATION (Street and Number or Rural Route Number, City or Town, State): 433 East 5th Avenue Gary, Indiana

34g DATE PRONOUNCED DEAD (Month, Day, Year): November 5, 1997

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

001401 CASE

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

Un. #25 Key #44-254-3 Gary Land Co's 8th Sub lot 3 Block 5