Sylvia Castillo - 7368 Dallas St. Gary, In. 46406

Local No. 178

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

State No. ...

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

97 DEC ... AM 10: ...

1708400?

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Maria M. Santiago
2. SEX	Female
3a. TIME OF DEATH	1:00 a.
3b. DATE OF DEATH (Month, Day, Yr)	June 18, 1993
4. SOCIAL SECURITY NUMBER	303-70-6836
5a. AGE—Last Birthday (Years)	63
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	May 27, 1930
7. BIRTHPLACE (City and State or Foreign Country)	Lares, Puerto Ricc
8a. WAS DECEDENT A U.S. VETERAN?	No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	-
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number)	4924 Homerlee Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH	East Chicago
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Octavio Santiago
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Housewife
12b. KIND OF BUSINESS/INDUSTRY	Own Home
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN OR LOCATION	East Chicago
13d. STREET AND NUMBER	4924 Homerlee Avenue
13e. ZIP CODE	46312
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☐ No ☒ Yes — Puerto Rican
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	12
College (1-4 or 5+)	-

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Pedro Rivera
19. MOTHER'S NAME (First, Middle, Maiden Surname)	(Unknown) Martinez

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Octavio Santiago
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4924 Homerlee Ave. E.Chgo, IN 46312
20c. Relationship	Husband

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☐ Entombment ☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	June 21, 1993 Cemeterio Municipal de Lares
21c. LOCATION—City or Town, State	Lares, Puerto Ricc
22a. EMBALMER'S NAME	Woodrow W. Donovan
22b. EMBALMER'S LICENSE NO.	FD01053135
23. WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	John S. Fife
24b. LICENSE NUMBER (of Licensee)	FD01020366
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
b. End-Stage Chronic Obstructive
DUE TO (OR AS A CONSEQUENCE OF):
c. Pulmonary Disease
DUE TO (OR AS A CONSEQUENCE OF):
d.

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

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

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) -

FILED

#45-385-24

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.

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29b. SIGNATURE AND TITLE OF CERTIFIER [signature] MD
29c. MEDICAL LICENSE NO. 30618
29d. DATE SIGNED (Month, Day, Year) June 25, 1993

SAM ... AUDITOR LAKE COUNTY

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Napolean F. Santos, M.D. - 8129 Kennedy Ave. Highland, Indiana 463

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE [signature]
32. DATE FILED (Month, Day, Year) 6-28-93

CORONER USE ONLY

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

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SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER/PO 1