* **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.

Local No. 1579-98

#43323

TYPE/PRINT IN PERMANENT BLACK INK

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

STATE OF INDIANA LAKE COUNTY FILED

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Paul H. Escue Jr.
2. SEX	Male
3a. TIME OF DEATH	3:41 PM
3b. DATE OF DEATH (Month, Day, Yr)	July 4, 1998
4. *SOCIAL SECURITY NUMBER	236-74-2669
5a. AGE—Last Birthday	99084058
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	Sept. 15, 1947 (99 OCT 12 AM 10:5)
7. BIRTHPLACE (City and State or Foreign Country)	St. Albans, W.Va.
8a. WAS DECEDENT A U.S. VETERAN?	Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1973
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	Methodist Southlake Campus
9c. CITY, TOWN, OR LOCATION OF DEATH	Merrillville
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Margarita Pizzaro
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Driver
12b. KIND OF BUSINESS/INDUSTRY	Ford Motor Co.
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Merrillville
13d. STREET AND NUMBER	5551 Grant St.
13e. ZIP CODE	46410
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
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)	Paul Escue Sr.
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Helen Smith

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Margarita Escue
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	5551 Grant St Merrillville, In 46410
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	July 8, 1998 Calumet Park Cemetery
21c. LOCATION—City or Town, State	Merrillville, Ind.
22a. EMBALMER'S NAME	Anthony S. Rendina Jr.
22b. EMBALMER'S LICENSE NO	FD01010402
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Anthony S. Rendina Jr. (signature)
24b. LICENSE NUMBER (of Licensee)	FD01010402
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Rendina Funeral HOme FH83007819 5100 Cleveland St. Gary, In 46408

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. Arteriosclerotic Heart disease
DUE TO (OR AS A CONSEQUENCE OF)
b. ~~Emphysema~~
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

JUL 13 1998

Alexander S. Williams (signature)

FILED

OCT 04 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I: Emphysema, Diabetes, Tobacco Abuse, Hypertension

Field	Entry
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)	

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

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	Denise L. Jackson, MD (signature)
29c. MEDICAL LICENSE NO	01045164
29d. DATE SIGNED (Month, Day, Year)	7/13/98
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Denise L. Jackson MD 7905 Calumet Avenue Munster, IN 46321

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Alexander S. Williams MD (signature)
32. DATE FILED (Month, Day, Year)	July 13, 1998

Field	Entry
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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E.P.

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