
*** ERROR TX REPORT *** STATE OF INDIANA
***** LAKE COUNTY
FILED FOR RECORD

TX FUNCTION WAS NOT COMPLETED

99 OCT 18 AM 9:59

TX/RX NO 99085524 0228
CONNECTION TEL
CONNECTION ID
ST. TIME 04/09 11:06
USAGE T 00'00
PGS. SENT 0
RESULT NG #018

7568142 BRIS W. CARTER
RECORDER

John Novacec
2606 Central Ave
Lake Station, Ind.
46405

89-0104

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No.

This Document is the property of

the Lake County Recorder

1 DECEASED—NAME (FIRST MIDDLE LAST) Servando C. Padron			2 SEX Male	3 DATE OF DEATH (Mo Day Yr) Feb. 17, 1989
4 SOCIAL SECURITY NUMBER 453-28-1170	5a AGE—Last Birthday (Years) 62	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) Nov. 6, 1926
8 YEAR LAST SERVED IN U.S. ARMED FORCES 1945	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Unborn <input type="checkbox"/> ER/Outborn <input type="checkbox"/> DDA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital, Northlake Campus	9c CITY, TOWN, OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) None	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired!) Craneman	12b KIND OF BUSINESS OR INDUSTRY Inland Steel	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 1038 Gibson Street	
13e INSIDE CITY LIMITS? (Yes or no) Yes	13f FARM No	13g ZIP CODE 46403	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican	15 RACE—American Indian, Black, White, etc. (Specify) White
17 FATHER'S NAME (First Middle Last) Luis Padron		18 MOTHER'S NAME (First Middle Maiden Surname) Maria Canales		
19a INFORMANT'S NAME (Type/Print) Hilda Huerta	19b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 2647 Benton St. Lake Station IN 46405	19c Relationship Daughter		
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Feb. 20, 1989 Ridgeland Cem.		20c LOCATION—City or Town, State Gary, Indiana	
21a SIGNATURE OF FUNERAL DIRECTOR Barbara M. Lach	21b LICENSE NUMBER (of Licensee) FDE1012674	22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Lach Funeral Home, 6121 Miller Ave, Gary, IN 46403 FDH3002526		
23a To the best of my knowledge, death occurred at the time, date, and place stated Signature and Title: Cesar M. Gallego MD DEB	23b LICENSE NUMBER MD #10140	23c DATE SIGNED (Month/Day Year) 2/21/89		
24 TIME OF DEATH 8:15 AM	25 DATE PRONOUNCED DEAD (Month, Day, Year) 2/17/89	26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) No		
27 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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. Coronary Vasculature Accident CVA 2-16-89 DUE TO (OR AS A CONSEQUENCE OF) b. Hypertension / High blood pressure 2-17-89 DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ DUE TO (OR AS A CONSEQUENCE OF)				Approximate Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes				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

FILED

LAKE COUNTY AUDITOR

46405