John Downey
2606 Central Ave
Lake Station, In 46405

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 865-83

State No.

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use

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THIS CERTIFICATE WAS FILED IN THE OFFICE OF THE LAKE COUNTY HEALTH DEPT. ON OCT 18 AM 9:59 1983 AND A TRUE COPY THEREOF WAS FILED FOR RECORD IN THE OFFICE OF THE LAKE COUNTY RECORDER

EUGENE L. FRUM LICENSE No. 9908 FUNERAL DIRECTOR'S LICENSE No. 629

EMBALMER'S NAME Eugene L. Frum

FUNERAL DIRECTOR'S SIGNATURE Eugene L. Frum

FUNERAL HOME FRUM, INC. 1307 CENTRAL AVE. LAKE STATION, IND. 46405

LAKE COUNTY HEALTH COMMISSIONER PAUL W. CARTER No. 164

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME: FIRST BAUDELIO; MIDDLE; LAST NUNEZ, SR.
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): MAY 30, 1983
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify): White
5a. AGE—Last Birthday (Yrs.): 77
5b. UNDER 1 YEAR: MOS; DAYS
5c. UNDER 1 DAY: HOURS; MINS
6. DATE OF BIRTH (Mo., Day, Yr.): May 20, 1906
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Hobart
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): St. Mary Medical Center
7d. IF HOSP. OR INST. Indicate DOA, OP (Clinic, Rm., Inpatient) (Specify): Inpatient
8. STATE OF BIRTH (If not in U.S.A. name country): MEXICO
9. CITIZEN OF WHAT COUNTRY: MEXICO
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Jovita Rios
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 708-12-1879
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Track Foreman
14b. KIND OF BUSINESS OR INDUSTRY: Railroad Chicago SouthShore & South B
15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: Lake Station
15d. STREET AND NUMBER: 2472 State Street
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.: YES ☒ NO ☐ Mexican

PARENTS

16. FATHER—NAME: FIRST Estanislao; MIDDLE; LAST Nunez
MOTHER - MAIDEN NAME: FIRST Trinidad; MIDDLE; LAST Vasquez

17a. INFORMANT—NAME (Type or print): Mrs. Jovita Nunez, Wife
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2472 State Street, Lake Station, IN 46405

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Oak Hill Cemetery
19c. LOCATION—CITY OR TOWN, STATE: Gary, IN
20a. DATE (MONTH, DAY, YEAR): June 2, 1983
20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): FRUM FUNERAL HOME, INC., 1307 Central Ave., Lake Station, IN 46405

M.D. OR D.O.

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated
21a. (Signature) ▶ R. A. Penn, M.D.
21b. DATE SIGNED (Mo., Day, Yr.): 5-31-83
21c. HOUR OF DEATH: M
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): R. A. PENN, M.D.
21e. MAILING ADDRESS—PHYSICIAN: 3820 Central Avenue, Lake Station, Indiana 46405

22a. HEALTH OFFICER—SIGNATURE: Peter Gray M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 6-2-83

CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Cerebrovascular Accident — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerotic Cardiovascular Disease — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF
(c) Diabetes Mellitis 00738 — Interval between onset and death

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).: Carcinoma, left lung
24. AUTOPSY (Specify Yes or No):

SBH 06-003
REV. 10/77 State Form 36430

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FILED
PETER BENJAMIN LAKE COUNTY AUDITOR
OCT 18 1999
ORDER OF THE SEAL INDIANA