

* 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

State No.

Local No. 234

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

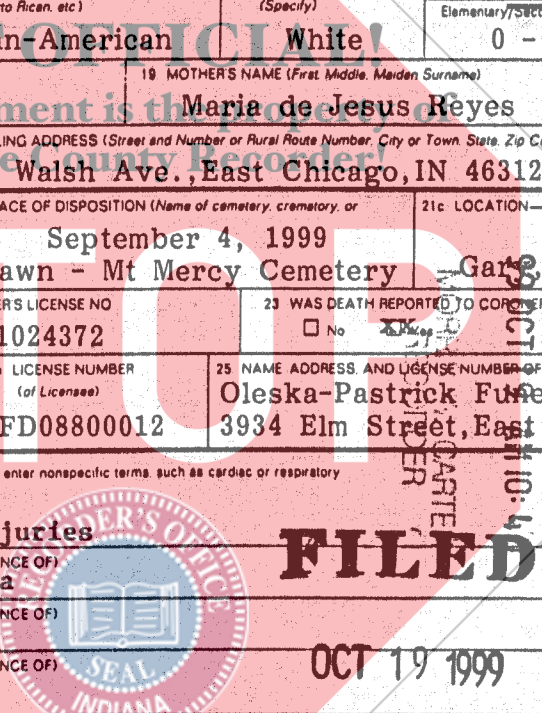
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) JOSEPHINE ESPITIA		2 SEX Female	3a TIME OF DEATH 11:38a.m	3b DATE OF DEATH (Month, Day, Yr) September 2, 1999	
4 *SOCIAL SECURITY NUMBER 310 - 32 - 3367	5a AGE—Last Birthday (Years) 64	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Feb. 18, 1935	
7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana		8a WAS DECEDENT A U.S. VETERAN? No			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? n/a		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) St Catherine Hospital		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) Josafat Espitia	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Clerical		12b KIND OF BUSINESS/INDUSTRY Inland Steel Company	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION East Chicago		13d STREET AND NUMBER 5115 Walsh Avenue	
13e ZIP CODE 46312	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican-American	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 0 - 12 College (1-4 or 5+) 2		18 FATHER'S NAME (First, Middle, Last) Antonio Medina			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Maria de Jesus Reyes		20a INFORMANT'S NAME (Type/Print) Josafat Espitia			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5115 Walsh Ave., East Chicago, IN 46312		20c Relationship Husband			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 4, 1999 Ridgelawn - Mt Mercy Cemetery - Gary, Indiana		21c LOCATION—City or Town, State Indiana	
22a EMBALMER'S NAME Charles W. Wells		22b EMBALMER'S LICENSE NO. FD01024372	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>David J. Fastius</i>		24b LICENSE NUMBER (of Licensee) FD08800012	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Oleska-Pastrick Funeral Home FH155 3934 Elm Street, East Chicago, IN 46312		
26 PART I Enter the disease, 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) Extensive head injuries Blunt force trauma				Approximate Interval Between Onset and Death Unknown	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT OR POSTPARTUM (Yes or no) No		28 WAS DEATH REPORTED TO CORONER? Yes		29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a CERTIFIER (Check only one) Deputy		CERTIFYING PHYSICIAN <input type="checkbox"/> To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. HEALTH OFFICER <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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.			
29b SIGNATURE AND TITLE OF CERTIFIER <i>Jeffrey R. Wells</i>		29c MEDICAL LICENSE NO. N/A	29d DATE SIGNED (Month, Day, Year) September 7, 1999		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307					
31 HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Ray Leuch</i>				32 DATE FILED (Month, Day, Year) 9-7-99	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34 DATE OF INJURY (Month, Day, Year) Sept. 2, 1999	34b TIME OF INJURY Unknown	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED Fell Down Stairs
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Residence		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 5115 Walsh Ave., East Chicago, IN			
34g DATE PRONOUNCED DEAD (Month, Day, Year) September 2, 1999		34h MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc. No		90745	

30-438-11



FILED

OCT 19 1999

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