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

Below for State Office Use

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: CHARLES WELLS
FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*
LICENSE No. 4237
FUNERAL DIRECTOR'S LICENSE No. 970
FUNERAL HOME No. 087274
No. 155

Local No. 1126-82

STATE OF INDIANA
LAKE COUNTY BOARD OF HEALTH
FILED
MEDICAL CERTIFICATE OF DEATH
State No.

DECEASED—NAME ELIAS ANTONIO ZAPATA		SEX MALE	DATE OF DEATH 7-13-1982
RACE MEXICAN	AGE 64	DATE OF BIRTH 7-20-1918	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH MUNSTER		HOSPITAL OR OTHER INSTITUTION COMMUNITY HOSP.	IF HOSP OR INST. Name and No. of Local Health Officer Y3S INP.
STATE OF BIRTH TEXAS	CITIZEN OF WHAT COUNTRY U.S.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES WW11
SOCIAL SECURITY NUMBER 459-07-8840	USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN RESIDENCE GIVE RESIDENCE BEFORE ADDRESS IN	USUAL OCCUPATION RETIRED	KIND OF BUSINESS OR INDUSTRY SIMMONS FACTORY
RESIDENCE—STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION 3612 GRAND BLVD. EAST CHICAGO	
STREET AND NUMBER 3612 GRAND BLVD.		IS RESIDENCE ON A FARM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INDICATE GRAVE (FOR USE OF R.I.) YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MEXICAN			
FATHER—NAME JOSE ZAPATA	MOTHER—MAREN NAME JOVITA SILVA		
INFORMANT—NAME MINERVA ZAPATA	MAILING ADDRESS 3612 GRAND BLVD. EAST CHICAGO, INDIANA 46312		
BURIAL, CREMATION, REMOVAL, OTHER BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME MT. MERCY CEM.	LOCATION GARY, INDIANA	
DATE 7-16-1982	FUNERAL HOME—NAME AND ADDRESS OLESKA FUNERAL HOME 3934 ELM ST. EAST CHICAGO, IND		
DATE SIGNED 7-20-82	NAME OF ATTENDING PHYSICIAN FR Heber	DATE RECEIVED BY LOCAL HEALTH OFFICER 7-21-82	HOUR OF DEATH
MAILING ADDRESS—PHYSICIAN 1550 Hulman Munster, IN 46321			
HEALTH OFFICER—SIGNATURE <i>[Signature]</i>			
IMMEDIATE CAUSE Cardiac Arrest		I, AS VERIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Johnson	
CAUSE Ischemic Heart Disease		OCT 22 1999	

SBH 08-003
REV. 10/77 State Form 35430

[Signature]
LAKE COUNTY HEALTH COMMISSIONER

PETER BENJAMIN
LAKE COUNTY AUDITOR

001529

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