

8cc + 3vets

MTC
504 Broadway
Ste 524
Gary, IN 46402

* 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. **99-0653**

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Joseph Ralph Pedroza		2 SEX male	3a TIME OF DEATH 6:02a M	3b DATE OF DEATH (Month Day Yr) September 07, 1999
4 SOCIAL SECURITY NUMBER 307-30-3289	5a AGE—Last Birthday (Years) 66	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) June 16, 1933
7 BIRTHPLACE (City and State or Foreign Country) Fowler, Colorado	8a PLACE OF DEATH (Check only one See instructions)			
8a WAS DECEDENT A U.S. VETERAN? yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1956	HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		
		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		

DECEDENT

9a FACILITY NAME (If not institution, give street and number) 704 Tyler	9b CITY TOWN OR LOCATION OF DEATH Gary	9c COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) married	11 SURVIVING SPOUSE (If wife give maiden name) Odilia Cantu	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Inland Steel
		12b KIND OF BUSINESS/INDUSTRY Steel Worker

PARENTS

13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 704 Tyler
13e ZIP CODE 46402	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican, etc.) Mexican
13g ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc (Specify) Hispanic	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+)	

INFORMANT

18 FATHER'S NAME (First Middle Last) Jose Pedroza	19 MOTHER'S NAME (First Middle Maiden Surname) Lillie B Martinez
20a INFORMANT'S NAME (Type/Print) Odilia Pedroza	20b MAKING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 704 Tyler St., Gary Indiana 46402
20c Relationship wife	

DISPOSITION

21a 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)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Ridgelawn Cemetery	21c LOCATION—City or Town, State Gary, Indiana
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CAUSE OF DEATH

22a EMBALMER'S NAME Christopher J. Podgorski	22b EMBALMER'S LICENSE NO. FD29300030	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b LICENSE NUMBER (of Licensee) FD29300030	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (S) Christopher FH 1907 Central Ave. Lake Station, Indiana FHI9500025

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	APPROXIMATE Interval Between Cause and Death 9:51 AM ORDER PETER BENJAMIN LAKE COUNTY AUDITOR SEP 16 1999 9:00 PM 1691
IMMEDIATE CAUSE (Final disease or condition resulting in death) acute myocardial infarction	
Conditions if any which gave rise to the immediate cause stating the underlying cause last	

CERTIFIER

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Diabetes Mellitus Type 2	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) N/A
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HEALTH OFFICER

29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) as stated <input type="checkbox"/> 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 <input type="checkbox"/> 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	29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> M.D.	29c MEDICAL LICENSE NO. FD 9335	29d DATE SIGNED (Month Day Year) 9/16/99
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) T.G. Godwin M.D. 6111 HARRISON ST MERRILLVILLE IN 46410			
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month Day Year) OCT 28 1999
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a PLACE OF INJURY—At home farm street factory office building etc (Specify)	34b INJURY AT WORK? (Yes or no)	34c LOCATION (Street and Number or Rural Route Number City or Town State) PETER BENJAMIN LAKE COUNTY AUDITOR
34g DATE PRONOUNCED DEAD (Month Day Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc		