ATTENTION ESTATE: Disclosure of the I# we need to pursue our responsibilities voluntary and there will be no penalty for 'usal.

Local No. 567

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE & COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

July 16, 1999 — Franklin D. Bermudez M.D. — Hammond Health Commissione
Date Issued

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

YPE/PRINT IN ERMANENT BLACK INK

ECCDENT

1. DECEASED—NAME (First Middle Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month Day Yr)
JESUS REYES GOMEZ	Male	11:58AM	July 13, 1999

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo Day Yr)	7. BIRTHPLACE (City and State or Foreign Country)
304-32-7979	78			May 18, 1921	JUNCOS, PUERTO RICO

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See Instructions)
No	N/A	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
ST.MARGARET-MERCY HEALTH CARE	HAMMOND	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	ANTIONIA R. RAMOS	LABORER	INLAND STEEL CO.

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY TOWN OR LOCATION	13d. STREET AND NUMBER
IN	LAKE	HAMMOND	4751 BALTIMORE AVENUE

13e. ZIP CODE	13f. INSIDE CITY LIMITS?	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46327	[ ] No [X] Yes	[X] No [ ] Yes	USA	[ ] No [X] Yes	WHITE	Elementary/Secondary (0-12): 3	College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
FRANCISCO GOMEZ	AMELIA (NOT AVAILABLE)

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
ANTONIA R. GOMEZ	4751 BALTIMORE AVENUE, HAMMOND, IN 46327	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	21c. LOCATION - City or Town, State
[X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) [ ] Entombment	Jul 16, 1999 CHAPEL LAWN MEMORIAL GARDENS	Schererville, IN

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE (#)	22. WAS DEATH REPORTED TO CORONER?
C. WILLIAM MCCOY	FD01013612	[X] No [ ] Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
John C. Ault	FD01013507	FH83002001 BOCKEN FUNERAL HOME, INC. 7042 KENNEDY AVENUE, Hammond, IN 46323

CAUSE OF DEATH

26. PART I. Enter the diseases 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 Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Anteroseptal Infarction; Cardiogenic shock
DUE TO (OR AS A CONSEQUENCE OF)
b. Severe Coronary artery disease.
DUE TO (OR AS A CONSEQUENCE OF)
c. Severe left ventricular dysfunction
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions if any which gave rise to the immediate cause stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 60 DAYS POSTPARTUM? (Yes or no)	28a. WAS AUTOPSY PERFORMED? (Yes or no)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No		No

FILED
OCT 18 2000

CERTIFIER

28a. CERTIFIER (Check only one)
[X] CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
[ ] 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.
[ ] CORONER — On the basis of examination and/or investigation in my opinion death occurred at the time, date, and [illegible] as stated.

28b. SIGNATURE AND TITLE OF CERTIFIER	28c. LICENSE NUMBER	28d. DATE SIGNED (Month Day Year)
A. Duivakaruni	01042616	July 15, 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

HEALTH OFFICER

29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
A. DUIVAKARUNI, M.D., 7905 CALUMET AVENUE, MUNSTER, IN 46321

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month Day Year)
Franklin D. Bermudez M.D.	July 16, 1999

33. MANNER OF DEATH	34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

01411

BOH08-004 State Form 10110-04 (R4 / 3-83) DEATHCERT/FD 1

9.00
C. Ac

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 075697

2000 OCT 18 AM 10:11

MORRIS W. CARTER
RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name: Antonia Gomez

Address: 9999 Randolph St.

City St Zip: Crown Point In

Telephone: 942-7776

Signature Printed: ANTONIA GOMEZ

Signature Written: Antonia Gomez

Date of Signature: 10-18-00

Check Number:

Check Amount: 9.00 cash

Office Use Only

Check Equals Amount Due ☐ Yes ☐ No

Total: 9.00

Initials: AC