

* 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

Key # 39-82-3

Local No. 02 0147

CERTIFICATE OF DEATH

State No.

#139248

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) JESUS F. RUBALCAVA		2. SEX Male	3a TIME OF DEATH 6:48a	3b. DATE OF DEATH (Month, Day, Yr.) March 2, 2002
4. *SOCIAL SECURITY NUMBER 305-44-46572	5a AGE—Last Birthday 058	5b UNDER YEAR 058	5c UNDER DAY 113	6. DATE OF BIRTH (Mo, Day, Yr.) Sept. 5, 1941
7 BIRTHPLACE (City and State or Foreign Country) Mexico	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1967	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> 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) Methodist North Lake Campus		9c. CITY, TOWN OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Stella Garza	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker	12b. KIND OF BUSINESS/INDUSTRY Inland Steel Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 3224 W. 41st Ave.	
13a. ZIP CODE 46408	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (11-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Francisco Rubalcava		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Genoveva Garza		20a. INFORMANT'S NAME (Type/Print) Stella Rubalcava		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3224 W. 41st Ave. Gary, In 46408		20c. Relationship Wife		
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) March 5, 2002 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana
22a. EMBALMER'S NAME Anthony S. Rendina Jr.		22b. EMBALMER'S LICENSE NO. FD01010402		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b. LICENSE NUMBER (of Licensee) FD01010402		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina F. Home FH83007819 5100 Cleveland St. GARY, In 46408
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.				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>Cardiopulmonary Arrest</i> DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death 5-10 am
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. <i>Myocardial Infarct</i> DUE TO (OR AS A CONSEQUENCE OF)		
		c. DUE TO (OR AS A CONSEQUENCE OF)		
		d. 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 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
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) as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature] MD</i>		29c. MEDICAL LICENSE NO. 01038025		29d. DATE SIGNED (Month, Day, Year) 3/5/02
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. A. Yanize 5490 Broadway St. Merrillville IN 46410				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature] MD MPH</i>		32. DATE FILED (Month, Day, Year) MAR 05 2002		
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. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no) JUL 30 2002
34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e. OCCASION (Specify) 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.		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

7 Flores
2109 Edway
E. Chgo, In