 ATTENTION ESTATE: being requested by this pursue its statutory res voluntary and there will be 	state ager ponsibility. e no penal	ocy in order Disclosure by for refusal	to is
Local No	02	0147	,

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Key	#3182-3
ota Na	3482-3

#139248	THE RECORDS IN THIS SE										
TYPE/PRINT	1 DECEASED-NAME (First M	liddle, Last)				2. SEX		3a TIME OF DE	ATH IN DA	Tr. 05 02	
IN	JESUS	F	RITE	BALCAVA		Ma1	е	6:48a		rch 2,	
PERMANENT	4. *SOCIAL SECURITY NUMBER	Se AGE-	Last Birthday	Sh UNDERT YEAR	5c UNDE	R 70 (Y) 6	DATE OF BIRT	H (Ma. Dey. Yr)	7 BIRTHPL	ACE (City and State	ZUUZ
BLACK INK	305-44-465	720052	UD	O Modelfe J Days	Hours			5,194			or rowards Code
	8a. WAS DECEDENT A U.S. VETERAN?	86. YEAR LAST S U.S. ARMED FO	ERVED IN ORCES?			9e. F	LACE OF DE	ATH (Check only	one. See instruction	one)	
	Yes	196		HOSPITAL Inpe			OTHER	Nursing Hom	Other (Sg	pecify)	
	9b. FACILITY NAME (If not institute		•	ZPER/	Outpatient			Residence			
DECEDENT	Methodist 1					_		TION OF DEATH	9d CO	UNTY OF DEATH	
	10. MARITAL STATUS	11 SURVIVING SE				Gary		Lake			
	(Specify) Married Stella Garz		vden name)	12a. DECEDE done dur.		ENT'S USUAL OCCUPATION (Give kind of working most of working life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY			
	134. RESIDENCE-STATE	136. COUNTY	Galz	13c. CITY, TOWN, OR		lwork			ln1a	and Ste	el Co
	Indiana	Lake	ĺ		LOCATION		- 1	STREET AND N			
	13e. ZIP CODE 13f. INSIDE CITY	LIMITS 14 CITI	ZEN OF	Gary 15. WAS DECEDENT	OF HISDANIC	00101110		224 W.			
	46408 XXX =	Yes WHA	T COUNTRY?	i □ wo XCX/	res (Ifyes,	specify Cuban,	16. RACE— Bieck, V	American Indian. Vhite, etc.	(Spe	 DECEDENT'S ED ecify only highest gra 	UCATION
	13g. ON A FARM	1 110	SA	Mexican, Puerto R			(Specify	<i>(</i>)			College (1-4 or
_	18 FATHER'S NAME (First, Middle,	Yes	3 A	Mexi	can		Whi		12	1	•
PARENTS	1					19. MOTHE	S NAME (Fire	st, Middle, Maiden	Surname)		
l	Francisco 200 INFORMANTS NAME (Type/P	Rubalca	ava			(enov	eva GA	rza		
INFORMANT	[eet and Numbe	r or Rural Rout	e Number. City or	Town State. Zip		tionship
	Stella Rubal			3224	W. 4	lst Av	re.Ga	ry, In	46408	3Wii	- -
	_	☐ Entombment		116. DATE AND PLACE	OF DISPOSITI	ON (Name of c	emetery, creme			-City or Town, Stat	
	Burial Cremation Donation Other (Specify)	Removal from St	tate	other place) N	March	5, 20	002				
DISSOSITION		·	/_	<u>Calumet</u>	Park	Camet	ery		Merri1	.lville,	Indi
DISPOSITION	220. EMBALMER'S NAME:			226. EMBALMER'S	LICENSE NO.	10		S DEATH REPOR			
-	Anthony S. R		Jr.	FD01010	1402	19	(E	3 № 🗆 Ye	s		
	240. SIGNATURE OF FUNERAL DIRE	стоя / _	TOF	245 LIC	CENSE NUMBER	T A 12	5. NAME. ADI	DRESS. AND LICE	NSE NUMBER C	OF FUNERAL HOME	
	$/1 \sim /$	// / N									
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	0.000	Kendy	ia go	FDC	10104	02	5100	lina F. Cleve	. Home	FH8300	7819 1946
<u> </u> -	26. PART I. Enter the diseases	Injuries, or complica	tions that cause	FDC	10104	02	5100	lina F. Cleve	. Home	t. GAry	,In46
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