

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

Below for State Office Use

Disposition Permit
Issued /
Provisional
Certificate
 Yes No

LAKE COUNTY HEALTH COMMISSION
Brunswick Add
lot 16 + S20ft lot 17 Block 2
Key# 41-210-15; unit #25

EMBALMER'S NAME Frank Delnik LICENSE No. 12205
FUNERAL DIRECTOR'S SIGNATURE Raymond Prusibocki FUNERAL DIRECTOR'S LICENSE No. 1543
FUNERAL HOME No. 156

Local No. 244-81

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
A COPY OF THIS CERTIFICATE OF DEATH IS A HANDBOOK

1 DECEASED-NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
<u>MONSTER</u>		<u>ARGENTINA</u>		<u>S.</u>		<u>MARTINEZ</u>		<u>FEMALE</u>		<u>FEB. 9, 1981</u>	
2 RACE (White, Black, American Indian, etc.) (Specify)		3 AGE (Years, Months, Days)		4 UNDER 1 YEAR		5 UNDER 1 DAY		6 DATE OF BIRTH (Mo., Day, Yr.)		7 COUNTY OF DEATH	
<u>White</u>		<u>51</u>		<u>51</u>		<u>51</u>		<u>8 OCT. 28, 1929</u>		<u>LAKE</u>	
8 CITY, TOWN OR LOCATION OF DEATH		9 CITIZEN OF WHAT COUNTRY		10 HOSPITAL OR OTHER INSTITUTION—Name (If not in entry, give street and number)		11 SURVIVING SPOUSE (If wife, give number married)		12 WIDOWED, DIVORCED (Specify)		13 IF HOSP OR INST (Indicate DOA or Final Rpt. (Specify))	
<u>MONSTER</u>		<u>U.S.A.</u>		<u>COMMUNITY HOSPITAL</u>		<u>MARRIED</u>		<u>WIDOWED</u>		<u>INPATIENT</u>	
14 SOCIAL SECURITY NUMBER		15 USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		16 KIND OF BUSINESS OR INDUSTRY		17 WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Year or No)		18 INSIDE CITY LIMITS (Specify Yes or No)		19	
<u>456-34-7769</u>		<u>Homemaker</u>		<u>Home</u>		<u>NO</u>		<u>YES</u>			
20 RESIDENCE-STATE		21 COUNTY		22 CITY, TOWN OR LOCATION		23 IS RESIDENCE ON A FARM?		24			
<u>INDIANA</u>		<u>LAKE</u>		<u>GARY Indiana</u>		<u>NO</u>					
25 STREET AND NUMBER		26		27		28		29		30	
<u>444 PORTER</u>											
31 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		32 FATHER-NAME (First)		33 MOTHER-MAIDEN NAME		34		35		36	
<u>YES</u>		<u>Asenolon</u>		<u>Salinas</u>		<u>Pilar</u>		<u>Salinas</u>		<u>Salinas</u>	
37 INFORMATION—(Name (Type or print))		38 MAJOR ADDRESS		39 STREET OR R.F.D. NO.		40 CITY OR TOWN		41 STATE		42	
<u>Carlos M Martinez</u>		<u>444 Porter St Gary Indiana</u>		<u>46409</u>		<u>Indiana</u>		<u>46409</u>		<u>IN</u>	
43 BURIAL, CREMATION, REMOVAL, OTHER (Specify)		44 CEMETERY OR CREMATORY—FUNERAL HOME		45 LOCATION		46 CITY OR TOWN		47 STATE		48	
<u>Burial</u>		<u>Mt Mercy Cemetery</u>		<u>Gary Indiana</u>		<u>Indiana</u>		<u>IN</u>		<u>IN</u>	
49 DATE (MONTH, DAY, YEAR)		50 FUNERAL HOME—NAME AND ADDRESS		51 STREET OR R.F.D. NO. CITY OR TOWN, STATE ZIP		52		53		54	
<u>February 13, 1981</u>		<u>PRUSIBOCKI FUNERAL HOME 3831 MAIN ST. EAST CHICAGO, IND.</u>		<u>Gary Indiana</u>		<u>IN</u>		<u>IN</u>		<u>IN</u>	
55 NAME OF ATTENDING PHYSICIAN (Type or Print)		56 DATE SIGNED (Mo., Day, Yr.)		57 HOUR OF DEATH		58		59		60	
<u>MARCO A. IONA, M.D.</u>		<u>2-10-81</u>		<u>10:10P.M.</u>		<u>IN</u>		<u>IN</u>		<u>IN</u>	
61 MAILING ADDRESS—PHYSICIAN		62 HEALTH OFFICER—SIGNATURE		63 DATE RECEIVED BY LOCAL HEALTH OFFICER		64		65		66	
<u>MARCO A. IONA, M.D. 3619 MAIN ST. EAST CHICAGO, IND. 46312</u>		<u>[Signature]</u>		<u>2-13-81</u>		<u>IN</u>		<u>IN</u>		<u>IN</u>	
67 MANDATE CAUSE		68 (a) (b) (c)		69		70		71		72	
<u>Cardiac-decompensation</u>		<u>Cardiac-decompensation</u>		<u>Cardiac-decompensation</u>		<u>Cardiac-decompensation</u>		<u>Cardiac-decompensation</u>		<u>Cardiac-decompensation</u>	

FILED
MAY 17 1981
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR