ATTENTION ESTATE: The Social Security # is eing requested by this state agency in order to ursue its statutory responsibility. Disclosure is oluntary and there will be no penalty for refusal.

## INDIANA STATE DEPARTMENT OF HEALTH 6200 53240

**CERTIFICATE OF DEATH** 

State No. .....

NT	THE RECO	KUS IIN THIS SI	THIES ARE COL	MI IDEM INC FE	R IC 16-37-1-10							
	1 DECEASED-	-NAME (First, M	(First, Middle, Last)					2. SEX 3a. TIME OF E		EATH 3b. DATE OF DEATH (Month, Day, Yr)		
	Jose E		. F	ernande:	z		Ма	1e	12:15 Am	Fe	7, 2004	
NT	4. *SOCIAL SEC	CURITY NUMBER	5a. AGE (Yea	-Last Birthday	Sb. UNDER 1 YEAR		1 DAY 6.		H (Mo. Day, Yr)	7. BIRTHPLAC	CE (City and Stat	e or Foreign Country)
ĸ	304-40	-5662	1 1788	88	Months Days	Hours	Minutes M	lar. 15	<b>,</b> 1915	Pachu	ca, Mex	ico
	8a. WAS DECEI		8b. YEAR LAST U.S. ARMED	SERVED IN			9a. 1	PLACE OF DEA	ATH (Check only one	See instruction	s)	
					HOSPITAL   Inpet	tient		OTHER:	Nursing Home	Other topo	cify)	
		0	N/2		☐ ER/0	Outpatient 🔲			Residence			
			tion, give street and						ATION OF DEATH	الوي ا	NTY OF DEATH	
				n Villa			Crown Point		Lake 12b Kinp OF BUSINESS/INDUSTRY			
	10. MARITAL S' (Specify)		11. SURVIVING (If wife, give			12a. DECEDER	ng most of wo	OCCUPATION orking life. Do no	(Give kind of work of use retired)			
1	Married 13a RESIDENCE—STATE		Angelina Va		zquez		Cranemar		n 13d. STREET AND NUM		Steel Manufacturi	
			l		13c. CITY, TOWN, OR	LOCATION		134			_	
1	India	na 13f. INSIDE CIT	Lak	E	Gary			T	308 Sout			
l	136. ZIP CODE			CHIZEN OF VHAT COUNTRY?	15. WAS DECEDENT		OHIGIN? specify Cuban		-American Indian, White, etc.		7. DECEDENT'S cify only highest	EDUCATION grade completed)
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	46403	IXI No E	Yes M	lexico	Mexica	an		Mex	ican	6		
	18. FATHER'S N	AME (First, Middle	. Last)				19. MOTH	ER'S NAME (F	rst, Middle, Maiden S	urname)		
	Jos			ernande				armen		Lico		
١		T'S NAME (Type/							ute Number, City or T		1	Relationship
ļ		ina Fe							y, IN _4	6403		Wife
	21a. METHOD O		☐ Entombment	1	216 DATE AND PLAC					Ic. LOGATION	— Gity or Town	State
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	26. PART I. V			only one cause on	sed the death. Do not en	ter nonspecific to	rms, such as	cardiac or resp	ratory	)		Approximate
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SDH06-004 State Form 10110 (R5/1-99)