*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.

SDH06-004 State Form 10110 (R5/1-99)

HIS CERTIFIES THE FOLLOWING IS A TRUE AND COUNTRY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

| Local No! | <u>'</u> | | CERTIFICAT | COLDEVIU | Date is | ssued Hammond Health Commission | |
|---------------------------|--|--|--|--|--|--|-------------|
| | THE RECORDS IN THIS SE | ERIES ARE CONFIDENTIAL P | ER IC 16-37-1-10 | | | The second second | • · |
| TYPE/PRINT | 1. DECEASED—NAME (First, Mil | ddle, Last) | | 2. SEX | 3a. TIME OF DEATI | | |
| IN | | alupe Rodr | IGUEZ | 5c. UNDER 1 DAY 6. D | 7 12 • 4 9 PM | September 15,20 | 002 |
| PERMANENT | 4. *SOCIAL SECURITY NUMBER | (Years) | Months Days | Hours Minutes | • | , | intrys . |
| BLACK INK | 358-20-2818 | 8b. YEAR LAST SERVED IN | | | an . 13 , 1925 LACE OF DEATH (Check only one. | Italy Texas | |
| | A U.S. VETERAN? | U.S. ARMED FORCES? | HOSPITAL: N Inpati | | OTHER: Nursing Home | _ | |
| | no | none | | utpatient DOA | Residence | | |
| DECEDENT | 9b. FACILITY NAME (If not institution, give street and number) | | | 9c. CITY, TO | WN. OR LOCATION OF DEATH | 94. COUNTY OF DEATH | |
| DECEDENT | | Mercy Hosp | ital | | mond | C lake | |
| | 10. MARITAL STATUS (Specify) | 11. SURVIVING SPOUSE (If wife, give maiden name) | * | 12a. DECEDENT'S USUAL (done during most of wor | OCCUPATION (Give kind of work rking life, Do not use retired) | 126. HIND OF BUSINESS/INDUSTRY | |
| | <u>widowed</u> | none | - | homemak | | own home | |
| | 13a. RESIDENCE—STATE | 13b. COUNTY | 13c. CITY, TOWN, OR | | 13d STREET AND NU | | i i |
| | Indiana | Lake | E.Chicag | | | ianapolis Blvd. | |
| • | 13a. ZIP CODE 13f. INSIDE CIT | | | OF HISPANIC ORIGIN? Yes (If yes, specify Cuban. | 16. RACE—American Indian, Black, White, etc. | 17. DECEDENT'S EDUCATION (Specify only highest grade completed | ń |
| | 46312 139 ON A FAR | | Mexican, Puerto F | | (Specify) | Elementary/Secondary (0-12) College (1-4 | |
| | ₹ no C | U.S.A. | Mexic | an | white | N/A N/A | |
| PARENTS | 18. FATHER'S NAME (First, Middle | | | 19. MOTHE | R'S NAME (First, Middle, Maiden S | (Compane) | |
| | Bernabe Esp | inosa | | Hort | encia De La | Rosa = _ = | - |
| INFORMANT | 20s. INFORMANT'S NAME (Type) | Print) | 20b. MAILING | ADDRESS (Street and Numb | er or Rural Route Number, Cit y or | | |
| | Henry Rodri | guez | 4935 | Indianapol | is Blvd.E | FICAGO THE SON | |
| | 21a. METHOD OF DISPOSITION | Entombment | 1 | OF DISPOSITION (Name of | ` ` [.` | 1c. LOCATION City of Town State | • |
| | Burial Cremation | ☐ Removal from State | | | _Cemetery 🔠 | | |
| | Ognation Other (Speci | fy) | Septemb | er 17,2002 | -31: | MerrillvildeIn. | |
| DISPOSITION | 22a. EMBALMER'S NAME: | | 22b. EMBALMER'S | LICENSE NO. | 23. WAS DEATH REPORT | and the same of th | |
| | none | | | one | DXNo □ Ye | | |
| | 24L SIGNATURE OF FUNERAL DIRECTOR 24L CONSERVATORE OF FUNERAL HOME 24L SIGNATURE OF FUNERAL DIRECTOR 25. NAME. ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME | | | | | | |
| | Euchicago In. 46312 FDH3001562 | | | | | | |
| | | This D | ocument | | DCILV UI | 1.46312 FDH300156 | 2 |
| | 26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. | | | | | | |
| | · | CHC | Lanc Co | unity iteco | uci. | | |
| | HAMACOLATS CALISE (Singl | | IXNICE | MUL MLAC | T RAILURG | Onset and | Death |
| | IMMEDIATE CAUSE (Final disease or condition | a. DUE TO (| OR AS A CONSEQUENC | MG MGR | T PAILURE | Onset and | Death |
| CAUSE OF DEATH | | b | 56 | PS15 | 7 PAILURE | Onset and | Death |
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| CAUSE OF DEATH | disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying | b. DUE TO (| 56 | () () () E OF) | 7 PAILURE | Onset and | Death |
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