City Of East Chicago East Chicago, In 46312

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

| | THE RECORDS IN THIS | S SERIES ARE C | CONFIDENTIAL P | ER IC 16-37-1-10 | | | | | | 00.005 | |
|------------------------|--|--|--|--|--|---|--|---|---|---|--|
| YPE/PRINT IN | 1 DECEASED—NAME (First. Jesu | Middle, Last) 2 | oog o(| PZ761 | | 2 sex Male | | 15a _M | October | Month, Day, Yr) 29, 2006 | |
| ERMANENT | 4. *SOCIAL SECURITY NUMBER | 1 5a A 6 | E-Last Birthday | 56 UNDER 1 YEAR | 5c UNDER 1 D | DAY 6 DATE | OF BIRTH (Mo. C | Day. Yr) 7 | BIRTHPLACE (City and | State or Foreign Country) | |
| BLACK INK | 451-22-908 | 2 | (Years) 83 Months Days Hours | | Hours Min | Minutes Dec. 7, 1922 | | | Pharr, Texas | | |
| DEAON IIV | 8a WAS DECEDENT | 86 YEAR LAS | T SERVED IN | | | 9a PLACE OF DEATH (Check only or | | | <u> </u> | | |
| | A U.S. VETERAN? | U.S. ARMEI | D FORCES? | HOSPITAL X Inpatient | | OTHER Nursing Home | | sing Home | | | |
| | Yes | 194 | 5 | ☐ ER/C | Outpatient DOA | Α | ☐ Res | idence | | | |
| | 9b FACILITY NAME (If not institution, give street and number) | | | | 9c. | 9c. CITY, TOWN OR LOCATION OF DEATH | | | 9d. COUNTY OF DEATH | | |
| DECEDENT | St. Cath | a 1 E | | East | Chicag | 10 | Lake | | | | |
| | 10. MARITAL STATUS 11. SUI (Specify) 11. SUI | | G SPOUSE | 12a DECEDE | | DENT'S USUAL OCCUPATION (Give kind of work uring most of working life. Do not use retired) | | nd of work | 12b. KIND OF BUSINESS/INDUSTRY | | |
| | Married | | e maiden name) iela Ni | unez | | eelwor | | (red) | Inland S | teel Co. | |
| | 13a. RESIDENCE—STATE | 13b. COUNTY | | 13c CITY TOWN OR | LOCATION | • | 13d STREE | T AND NUMBER | ₹ | | |
| | Indiana | Lak | e | Gary | | | 721 | 1 Wes | t 21st A | venue | |
| | 13e ZIP CODE 13f INSIDE C | | CITIZEN OF | 15 WAS DECEDENT | OF HISPANIC ORIC | GIN7 16. | RACE—America | | | T'S EDUCATION | |
| | □ No Yes | | WHAT COUNTRY? | □ No CXYes (If yes | | , specify Cuban, Black, White, etc | | : [| (Specify only highest grade completed) | | |
| | 13g. ON A FA | RM? | | Mexican, Puerto R | | İ | (Specify) | Ele | mentary/Secondary (0-1) | 2) College (1-4 or 5 +) | |
| | 46406 X No | | .S.A. | Mex | ican | | White | | 5 | | |
| PARENTS | 18. FATHER'S NAME (First Midd | lle. Last) | | | 1! | 9 MOTHER'S | NAME (First Midd | | | | |
| | Isabel Gonzalez | | | | | Felicitas Cantu | | | | | |
| NFORMANT | 20a. INFORMANT'S NAME (Type/Print) 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. Relationship | | | | | | | | | , | |
| | Graciela | Gonzal | ez | 7211 1 | West 21s | t Ave. | ,Gary, | Indiana | 46406 | Wife | |
| | 21a. METHOD OF DISPOSITION | ☐ Entombmer | nt | 216 DATE AND PLACE | | | | 21c L | OCATION-City or Tox | wn, State | |
| | Buriel Cremation | Removal from | om State | | ovember | | | | | - 11 | |
| | ☐ Donation ☐ Other (Spe | cıfy) | / / | Calu | met Par | ck Cen | letery | Me | errillvill | e, Indiana | |
| SPOSITION | 228 EMBALMER'S NAME | | NIC | 226 EMBALMERS | LICENSE NO | TA | | TH REPORTED 1 | O CORONER? | | |
| | James H. Fife FD01010795 A Ves | | | | | | | | | | |
| | 248. SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER 25 NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME | | | | | | | | | | |
| | FIFE FUNERAL HOME, INC FH83001512 | | | | | | | | | | |
| | Joen ! | | the | Lake Co | D010203 | 366 4 | 201 Ind | pls.Bly | d.,East C | hicago, IND | |
| | 26. PART I. Enter the diser | | | | | | | | | | |
| | | ases, injuries, or coi | mplications that caus | sed the death. Do not ent | ter nonspecific terms | s, such as cardia | c or respiratory | | | Approximate | |
| | | | mplications that cause on | sed the death. Do not ente each line | ter nonspecific terms | s, such as cardia | c or respiratory | | | Approximate Interval Between | |
| | | | | each line | | s, such as cardia | oc or respiratory | | | | |
| | arrest, shock. IMMEDIATE CAUSE (Final disease or condition | | t only one cause on DUE TO (C | each line AS A CONSEQUENCE | hock | | | | | Interval Between | |
| :AUSE OF | arrest, shock, IMMEDIATE CAUSE (Final | | DUE TO (d | each line TIC S RAS A CONSEQUENCE OUT TORY | hock Failur | | c or respiratory | | | Interval Between | |
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