

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. **02 0147**

#139248

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) JESUS E. RUBALCAVA		2 SEX Male	3a TIME OF DEATH 6:48a M	3b DATE OF DEATH (Month, Day, Yr) March 2, 2002	
4 *SOCIAL SECURITY NUMBER 305-44-4657	5a AGE—Last Birthday (Years) 60	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Sept. 5, 1941	
7 BIRTHPLACE (City and State or Foreign Country) Mexico	8a WAS DECEDENT A U.S. VETERAN? Yes				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1967		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Methodist North Lake Campus		9c CITY, TOWN, OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Stella Garza	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker	12b KIND OF BUSINESS/INDUSTRY Inland Steel Co.		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 3224 W. 41st Ave.		
13e ZIP CODE 46408	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12) College (1-4 or 5+) 120		18 FATHER'S NAME (First, Middle, Last) Francisco Rubalcava			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Genoveva Garza		20a INFORMANT'S NAME (Type/Print) Stella Rubalcava			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3224 W. 41st Ave. Gary, In 46408		20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 5, 2002 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana	
22a EMBALMER'S NAME Anthony S. Rendina Jr.		22b EMBALMER'S LICENSE NO. FD01010402	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) FD01010402	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina F. Home FH83007819 5100 Cleveland St. Gary, In 46408		
26 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Coronary Artery Disease</i> b. <i>Myocardial Infarct</i> c. FILED d. FILED Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.					
PART II: Other significant conditions - Conditions contributing to death, not previously stated in Part I EGGY HOLINGA KATONA LAKE COUNTY AUDITOR					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MD		29c MEDICAL LICENSE NO. 01032025	29d DATE SIGNED (Month, Day, Year) 3/5/02		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. A. Yaniza 5490 Broadway St 101 Merrillville IN 46410					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> MD MPH			32 DATE FILED (Month, Day, Year) MAR 05 2002		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <i>1100 233</i>			

DECEDENT

PARENTS

INFORMANT
→

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

FILED
 DEC 08 2010
 PH 12:13
 MERRILLVILLE, INDIANA

CASH