

81217

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

Below for State Office Use

EMBALER'S NAME: Norbert J. Geisen
FURNAL DIRECTOR'S LICENSE NO: 1856

LAKE COUNTY HEALTH COMMISSION
DEC 30 1970
Highland Park 3rd Add.
W. 34 Ft. L. 21 Bl. 9
E. 7.3 Ft. Lot 22 Bl. 9



INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

192-70 *Let town to
C. A. Kelly
P.O. Box 7026
Merrillville*
State No. _____

Local No. 192-70 / 81217

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JOHN			BORTOLI		2. Male	3. April 12, 1970
RACE (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White	5a. 67	5b.	5c.	6. 9-21-1902	7a. Lake County	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Gary, Indiana		7c. No	7d. Ross Care Center 601 E. 61st			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Michigan		9. U. S. A.		10. Married	11. Mary Constatine	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 708 01 3723		13a. Engineer		13b. EJE Railroad		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana	14b. Lake County	14c. Gary		14d. Yes	14e. Calumet	
STREET AND NUMBER		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		
14f. 709 West 44th Place		14g. Gary		14h. no vet		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST
15. Valentine			Bortoli		16. Mary Bet	
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mary Bortoli		17b. Wife		17c. 709 West 44th Place, Gary, Indiana		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
18. IMMEDIATE CAUSE						
(a) Bronchopneumonia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
(b) Metastatic Carcinoma		2 days				
(c) Cancer of the Prostate		5 months				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I. (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE			AL Topsy (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
					19.	20.
DEATH OCCURRED (HOUR)	THE DECEDENT WAS PRONOUNCED DEAD			DATE SIGNED (MONTH, DAY, YEAR)		
20a. 7:10 PM	20b. April 12 1970 7PM			20c. April 13, 1970		
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE (DEGREE OR TITLE)		
21a. Armand Fadul, M.D.				21b. Armand Fadul, M.D.		
ADDRESS—CERTIFIER				CITY OR TOWN	STATE	ZIP
21c. 47 West 68th Place				Merrillville	Indiana	46410
BURIAL, CREMATION, REMOVAL (IF C)	CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	CITY OR TOWN	STATE	FUNERAL HOME NUMBER
22a. Burial	22b. Calumet Park Cemetery		22c. Merrillville, Indiana			22d. 241
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
23a. 4-15-1970	23b. Geisen Funeral Home, INC 3805 Adams Street, Gary, Indiana					
FURNAL DIRECTOR—SIGNATURE		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		
24a. Norbert J. Geisen		24b. A. F. Gregoline, M.D.		24c. April 13, 1970		

Disposition Permit Issued / /
Provisional Certificate
 Yes No