

588626

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

Below for State Office Use

THIS CERTIFICATE IS A TRUE AND  
CORRECT COPY OF THE CERTIFICATE OF DEATH  
FILED WITH THE INDIANA HEALTH DEPT.  
SEP 5 1978

Disposition Permit  
Issued  Yes  No  
Provisional  
Certificate  
 Yes  No

588626

Local No. 1090-78

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

FUNERAL HOME  
286

DECEASED

LED

DISPOSITION

CREATOR'S NAME

FUNERAL DIRECTOR'S  
SIGNATURE

DECEASED - NAME <b>Maurice E. Tunio</b>		SEX <b>Male</b>		DATE OF DEATH (month day year) <b>September 4, 1978</b>	
RACE <b>White</b>	AGE <b>65</b>	EDUCATION <b>High School</b>	DATE OF BIRTH (month day year) <b>4-13-1913</b>	COUNTY OF DEATH <b>Lake</b>	
CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		HOSPITAL OR OTHER INSTITUTION <b>Lake County Convalescent Home</b>		PLACE OF DEATH <b>Inpatient</b>	
STATE OF BIRTH <b>S. Dakota</b>	CITY OF BIRTH <b>U.D.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	RELIGION <b>Roman Catholic</b>	MILITARY SERVICE <b>No</b>	
SOCIAL SECURITY NUMBER <b>312-10-6468</b>		USUAL OCCUPATION <b>Crane Operator</b>	NAME OF BUSINESS OR INDUSTRY <b>Blau Knob Company</b>		
RESIDENCE - STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Hammond</b>		STREET AND NUMBER <b>7538 Birch Avenue</b>	
FATHER - NAME <b>Georndon</b>		MOTHER - MARRIED NAME <b>Tunio</b>	MOTHER - MARRIED NAME <b>Goldie</b>		
DECEASED'S MARITAL STATUS <b>Married</b>		RESIDENCE ADDRESS <b>7538 Birch Avenue, Hammond</b>		CITY OF HOME <b>Hammond</b>	
DISPOSITION <b>Burial</b>		CITY, TOWN OR CEMETERY - FUNERAL HOME <b>Virgil Huber Funeral Home</b>		LOCATION <b>Hammond, Indiana</b>	
DATE <b>September 4, 1978</b>		DATE SIGNED (month day year) <b>September 5, 1978</b>		HOURS OF DEATH <b>9:00 P.M.</b>	
NAME OF ATTENDING PHYSICIAN <b>J. C. Kopino, MD</b>		ADDRESS - PHYSICIAN <b>2900 West 93rd Avenue, Crown Point, Indiana 46309</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>9/5/78</b>	
HEALTH OFFICER <b>John Tracy, M.D.</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>9/5/78</b>		HOURS OF DEATH <b>25 Minutes</b>	
CAUSE OF DEATH <b>Acute Myocardial Infarction</b>		MANNER OF DEATH <b>Death</b>		MANNER OF DEATH <b>No</b>	
MANNER OF DEATH <b>Death</b>		MANNER OF DEATH <b>No</b>		MANNER OF DEATH <b>No</b>	

FORM 63-000  
REV. 10/77

880