

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 LAKE COUNTY 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>Married E. Tundo</b>		SEX <b>Male</b>		DATE OF DEATH (month day year) <b>September 4, 1978</b>	
RACE <b>White</b>	AGE - Last Birthday <b>65</b>	US BORN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	US BORN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF BIRTH (month day year) <b>4-13-1913</b>	COUNTY OF BIRTH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		HOSPITAL OR OTHER INSTITUTION (Name of hospital, clinic, nursing home, etc.) <b>Lake County Convalescent Home</b>		PLACE OF DEATH (Specify) <b>Inpatient</b>	
STATE OF BIRTH (If not in U.S.) <b>S. Dakota</b>	CITY OF BIRTH (If not in U.S.) <b>U.D.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	PREVIOUS MARRIAGE (Specify) <b>None</b>	THIS DECEASED EVER IN U.S. ARMY OR NAVY? <b>No</b>	
SOCIAL SECURITY NUMBER <b>312-10-6468</b>		USUAL OCCUPATION (Specify kind of work and date when last engaged in it) <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>		IS DECEASED OF A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
STREET AND NUMBER <b>7538 Birch Avenue</b>		IS DECEASED OF SPANISH ORIGIN? IF YES SPECIFY (MEXICAN, CHINESE, FILIPINO, INDIAN, ETC.)		RACE OF DECEASED (Specify) <b>Yes</b>	
FATHER - NAME <b>Georndon</b>	MOTHER - MARRIED <b>Tundo</b>	MOTHER - MARRIED <b>Goldie</b>		STATE OF BIRTH <b>Illinois</b>	
DECEASED'S MARITAL STATUS <b>Married</b>		DECEASED'S ADDRESS (Specify street and number) <b>7538 Birch Avenue, Hammond</b>		CITY OF HOME <b>Hammond</b>	
DISPOSITION (Burial, Cremation, Removal, Other) (Specify) <b>Burial</b>		CITY, TOWN OR CEMETERY - FUNERAL HOME <b>Hammond</b>		LOCATION <b>Hammond, Indiana</b>	
DATE (month day year) <b>September 4, 1978</b>		FUNERAL HOME (Specify name and address) <b>Virgil Huber Funeral Home, Hammond, Indiana</b>		CITY OF HOME STATE (Specify) <b>Indiana</b>	
By the State of Indiana, I hereby certify that the above is a true and correct copy of the original certificate of death filed with the Lake County Health Department on September 5, 1978.		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>		SIGNATURE (Specify name and address) <b>2900 West 93rd Avenue, Crown Point, Indiana 46307</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>9/5/78</b>	
HEALTH OFFICER'S SIGNATURE <b>John Tracy, M.D.</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>9/5/78</b>		TIME OF DEATH (Specify) <b>25 Minutes</b>	
CAUSE OF DEATH (Specify) <b>Acute Myocardial Infarction</b>		MANNER OF DEATH (Specify) <b>Death</b>		OTHER CAUSE OF DEATH (Specify) <b>None</b>	
MORBIDITY (Specify) <b>Coronary Atherosclerosis, Heart Failure with Angina pectoris, Pulmonary Edema, Status Post Angioplasty</b>		MORBIDITY (Specify) <b>Death</b>		MORBIDITY (Specify) <b>None</b>	
MORBIDITY (Specify) <b>Death</b>		MORBIDITY (Specify) <b>Death</b>		MORBIDITY (Specify) <b>None</b>	

ISH 63 000  
REV. 10/77

880