

655459

Meadowland Subdiv Lot 10 in Blk 10
Unit 36 Key 15-273-10

88

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 2026-81

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

JAN 5 1982

FULLER COUNTY
No. _____

Below for State Office Use

- A _____
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1205

JAN 5 1982

Keith Dillon

FUNERAL DIRECTOR'S SIGNATURE
Robert G. [Signature]
LICENSE No. 367

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

DISPOSITION

STATE COUNTY HEALTH COMMISSION

DOOR

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1 FIRST JAMES MIDDLE CAPOYIANES LAST CAPOYIANES		SEX SI-4 Male	DATE OF DEATH (MONTH DAY YEAR) December 29, 1981
RACE—(a) White (b) Black (c) American Indian (d) Other (Specify) 4 White	AGE—Last Birthday (Yrs) 5a 70	UNDER 1 YEAR MOS 5b	UNDER 1 DAY HOURS 5c
CITY, TOWN OR LOCATION OF DEATH 7b Crown Point		HOSPITAL OR OTHER INSTITUTION—(Name full or other give street and number) 7c St. Anthony Medical Center	IF HOSP OR INST under the DOA Of (Specify Yes or No) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. specify country) 8 Greece	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If not give maiden name) 11 Mae Rose Mitchell
SOCIAL SECURITY NUMBER 13 A 327 01 3055		USUAL OCCUPATION (Give kind of work done during most of working life specify if voluntary) 14a Retired - Locomotive Engineer	KIND OF BUSINESS OR INDUSTRY EJ & E Railroad
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville	IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 5510 Buchanan Street		INSIDE CITY LIMITS (Specify Yes or No) 15f Known	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 FIRST Constantine MIDDLE Capuyianes LAST Capuyianes		MOTHER—MAIDEN NAME 17 FIRST Condello	
INFORMANT—NAME (If not at print) 18a Mae Rose Capoyianes - Wife		RELATIONSHIP Wife	
Mailing Address 18b 5510 Buchanan Street		CITY OR TOWN Merrillville, Indiana	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Entombment		CEMETERY OR CREMATORY—FUNERAL HOME 19b Calumet Park Cemetery	
LOCATION 19c Merrillville, Indiana		STATE Indiana	
DATE (MONTH DAY YEAR) 20a January 2, 1982		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, In 46410	
To the best of my knowledge death occurred on the date and place and due to the cause stated 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mth Day Yr) 21b 12/31/81	HOUR OF DEATH 21c 11:41 A.M.
NAME OF ATTENDING PHYSICIAN (If not at print) 21d E C M I R I C H			
MAILING ADDRESS—PHYSICIAN 21e 500 8th Ave Merrillville Indiana 46411			
HEALTH OFFICER (Signature) 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 1-5-82	
IMMEDIATE CAUSE 23 Arterio. Myocardial infarction		Interval between onset and death 2-3 hrs.	
PART I (a) DUE TO OR AS A CONSEQUENCE OF Arterio. sclerosis heart disease		Interval between onset and death Years	
PART I (b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
PART II AUTOPSY (Specify Yes or No) No		24	

[Handwritten mark]