

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

Below for State Office Use

Unit 20  
46-121-16  
46-40 ft. St. 7 Blk. 2  
1st Sub. Cakingtown Ark.

**FILED**

APR 24 1982 NAME Chas. W. Wells  
LICENSE NO. 4237

FUNERAL DIRECTOR'S LICENSE NO. 937

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH / MONTH, DAY, YEAR		
1. Frank		P.		Trapane	Male	3. May 29, 1970		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY DA	HOURS	MIN	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 48	5b. 8	12	5c.		6. 9-17-1921	
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		7c. yes		7d. Methodist Hospital				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (MARK)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Indiana		9. U.S.A.		10. Married		11. Florence Mandel		
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 312-18-2453		13a. Fireman		13b. Gary, Fireman				
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
14a. Ind.		14b. Lake	14c. Gary		14d. Yes	14e. Calumet		
STREET AND NUMBER		IS RESIDENCE ON A FARM?						
14f. 3975 Lincoln St		14g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST	
15. Nazarene (Sam)				Trapane	16. Grace		Rincione	
INFORMANT—NAME				RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Florence Trapane				17b. Wife	17c. 3975 Lincoln, Gary, Ind. 46408			
PART I. DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Acute Myocardial Infarction					15 days	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF:						
		(b) Acute Coronary Occlusion						
		DUE TO, OR AS A CONSEQUENCE OF:						
		(c) Severe Coronary Atherosclerosis						
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE					ALL INFORMATION TO BE FILED IN THIS OFFICE	
Prior Infarction - 1968							APR 29 1970	
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD			DATE SIGNED		MONTH, DAY, YEAR	
200a. 7:00 AM		200b. May 29 1970			7:00 AM		210. 5-29-70	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE			(OFFICE OR TITLE)			
22a. John T. Scully, M.D.		22b. John T. Scully, M.D.			22c. 46410			
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.			CITY OR TOWN	STATE	ZIP	
23. 611 Harrison Street		Merrillville			Ind.		46410	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	CITY OR TOWN	STATE	FUNERAL HOME NUMBER	
24a. Burial		24b. Calvary		24c. Portage, Ind			245	
DATE: (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS			(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. June 1, 1970		25a. Pruzin 6360 Broadway Gary, Ind. 46409			25b. JUN 1 1970			
FUNERAL DIRECTOR—SIGNATURE		HEALTH OFFICER—SIGNATURE			DATE RECEIVED BY LOCAL HEALTH OFFICER			
26a. Chas. W. Wells		26b. P. Rosenblom			26c. JUN 1 1970			

Auditor Lake County  
John P. Pruzin

31859 501-113-3

INDIAN LAWYERS TITLE INS. CORP.  
DIVISION 7895 BROADWAY  
MEDICAL CERTIFICATE OF DEATH  
MERRILLVILLE, IND. 46410

Local No. 70-0782

665530

State No. 113

Disposition Permit Issued  
Provisional Certificate  
 Yes  No

31859

HEALTH DEPT

RECEIVED

CERTIFIED COPY  
*E. M. Caldwell, M.D.*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE APR 7 1982