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

Below for State Office Use

A Key 15-229-2 Cemetery Cust 2nd Lake Sect. #2 Blk 2
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Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

678365 Local No. 1100-82

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. .....

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

1. DECEASED—NAME: FIRST Frank / MIDDLE U. / LAST Isolampi			2. SEX: male	3. DATE OF DEATH (MONTH, DAY, YEAR): July 14, 1982
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify): white	5a. AGE—Last Birthday (Yrs.): 69	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MINS.	6. DATE OF BIRTH (Mo., Day, Yr.): 12-31-1912
7b. CITY, TOWN OR LOCATION OF DEATH: Merrillville	7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): 6074 Grant Place			7a. COUNTY OF DEATH: Lake / 7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): ---
8. STATE OF BIRTH (If not in U.S.A. name country): Michigan	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower	11. SURVIVING SPOUSE (If wife, give maiden name): ---	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 313-07-6393	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Metallurgy	14b. KIND OF BUSINESS OR INDUSTRY: US Steel Gary Works		
15a. RESIDENCE—STATE: Indiana	15b. COUNTY: Lake	15c. CITY, TOWN OR LOCATION: Merrillville		
15d. STREET AND NUMBER: 6074 Grant Place	15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒	15f. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes		
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒				
16. FATHER—NAME: FIRST Frank / MIDDLE / LAST Isolampi	17. MOTHER—MAIDEN NAME: FIRST Sanna / MIDDLE Ojanpera / LAST			
18a. INFORMANT—NAME (Type or print) RELATIONSHIP: Marilyn McConnell - Daughter	18b. MAILING ADDRESS STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP: 731 Wood St Crown Point, Indiana 46307			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): removal burial	19b. CEMETERY OR CREMATORY—FUNERAL HOME: Jukuri Funeral Home / Lakeside Cemetery	19c. LOCATION CITY OR TOWN / STATE: Hancock, Michigan / Hancock, Michigan		
20a. DATE (MONTH, DAY, YEAR): July 15, 1982	20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Geisen Funeral Home 7905 Broadway Merrillville, Indiana464			

To be Completed by CORONER Only

On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.

21a. Signature ▶ A. Willardo, M.D.

21b. DATE SIGNED (Mo., Day, Yr.): 7-15-82	21c. HOUR OF DEATH: M
21d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: 7-14-82	21e. PRONOUNCED DEAD (Hour) AT: 12:23 p. M cdst

21f. NAME AND ADDRESS OF CERTIFIER (Type or Print): ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307

22a. HEALTH OFFICER—SIGNATURE: Peter Tracy M.D.	22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 7-15-82

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

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

PART I
(a) Vascular collapse — Undetermined
DUE TO, OR AS A CONSEQUENCE OF:
(b) Due to arteriosclerotic heart & vascular disease
DUE TO OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

25a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): Natural	25b. DATE OF INJURY (Mo., Day, Yr.)	25c. HOUR OF INJURY M	25d. DESCRIBE HOW INJURY Ooccurred
25e. INJURY AT WORK (Specify Yes or No)	25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	25g. LOCATION STREET OR R.F.D. NO. / CITY OR TOWN / STATE	

EMBALMER'S NAME Ronald Mesarch JUL 15 1982

FUNERAL DIRECTOR'S SIGNATURE [signature]

FUNERAL DIRECTOR'S LICENSE No. 591 FUNERAL HOME No. 776

EMBALMER'S LICENSE No. 367

THIS CERTIFICATE IS A TRUE COPY OF THE CERTIFICATE ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

DULY FILED

AUG 20 1982

AUDITOR LAKE COUNTY

STATE OF INDIANA — REGISTERED — JUL 20 1982 — WILLIAM BIESIK JR — STATE REGISTRAR

SBH-06-004 REV.(10/77)

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