

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

Below for State Office Use

718517

Local No. 722-80

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

*Polenta Rubino*

6717 Illinois Ave  
Hind. 46323

State No.

ADULT - School Club  
PEOPLE OF THE COUNTY HEALTH DEPT.  
ON FILE WITH THE LAKE COUNTY HEALTH DEPT.  
MAY 5 1980

**FILED**

JUL 28 1983

DECEASED  
207  
LAKE COUNTY

LICENSE No. 1512  
FUNERAL DIRECTOR

LICENSE No. 247  
LAKE COUNTY

EMBALMER'S NAME  
FUNERAL DIRECTOR'S  
SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
FURNISH PHONE NO. OF RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION  
PARENTS  
DISPOSITION  
M.D. OR D.O.  
CAUSE

DECEASED - NAME 1 MAGHERITA Rubino		SEX 2 Female	DATE OF DEATH (MONTH, DAY, YEAR) 3 May 13, 1980
RACE - (a) White (b) Black (c) American Indian (d) Other (Specify)	AGE (Years) 4 74	DATE OF BIRTH (MONTH, DAY, YEAR) 5 12-1-1905	COUNTY OF DEATH 6 Lake
CITY, TOWN OR LOCATION OF DEATH 7a Munster	HOSPITAL OR OTHER INSTITUTION - Name (if not in other give street and number) 7c Community Hospital	IF HOSP OR INST. INDIATE DOA OF DEATH (Specify) (See 15a) 7d Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) 8 Italy	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Onofrio Rubino
SOCIAL SECURITY NUMBER 13 306-70-0156	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b Home	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Highland	15 RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 16 2716-41st. Street		INSIDE CITY LIMITS (Specify Yes or No) 15f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 16 Vittorio Bianchi	MOTHER - MAIDEN NAME 17 Matilda Volpara		
INFORMANT - NAME (Type or print) 18a Onofrio Rubino	MAILING ADDRESS 18b 2716-41st. Street, Highland, Indiana 46322		
DISPOSITION 19a Burial	CEMETERY OR CREMATORY - FUNERAL HOME 19b Chapel Lawn	LOCATION 19c Schererville, Indiana	
DATE (MONTH, DAY, YEAR) 20a May 16, 1980	FUNERAL HOME - NAME AND ADDRESS 20b Virgil Huber Funeral Home, Hammond, Indiana 46323		
21a (Signature) <i>Edwards W. Spoons M.D.</i>	DATE SIGNED (Mo., Day, Yr.) 21b 5.19.80	HOUR OF DEATH 21c	
NAME OF ATTENDING PHYSICIAN (Type or print) 21d		M.D. OR D.O.	
MAILING ADDRESS 21e		RECORDED WILLIAM BIELSKUR JUL 29 10 54 AM '83	
HEALTH OFFICE 22a	DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 5-15-80		
PART I (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)		Interval between onset and death 4 days	
PART II		Interval between onset and death unknown	
AUTOPSY (Specify Yes or No) 24			