

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

742370

Local No.

500
76-0692

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

35989
LAWYERS TITLE INS. CORP.
State No. 7895 BROA
MERRILLVILLE

THIS IS A
PERMANENT
RECORD

Below for State Office Use

FILED

320
FUNERAL HOME
FUNERAL DIRECTOR'S
LICENSE No. 336

W.C. Geisen

William C. Geisen

JAN 24 1964

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

USUAL PLACE
WHERE DECEASED
LIVED AT TIME OF
DEATH
OCCURRED
INSTITUTION
RESIDENCE BEFORE
ADMISSION

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Carlo		N.	Terlicher	Male		January 31, 1976	
RACE	AGE—LAST BIRTHDAY (YEARS) Mo. Day	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. White	84			Dec. 24, 1891	Lake		
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)			
75. Gary		76. Yes		77. 3749 Jefferson Street			
STATE OF BIRTH (IF NOT IN U.S.A.) NAME COUNTRY		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Italy		9. USA		10. Aurelia Chiabai			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
11. 306-09-8935 A		12a. Carpenter		13b. Gariup Construction			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana		14b. Lake	14c. Gary		14d. Yes	14e. Calumet	
STREET AND NUMBER		14f. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
14f. 3749 Jefferson Street							
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
PARENTS		15. Anthony Terlicher		16. Antonia Zufferly			
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Aurelia Terlicher		17b. Wife		17c. 3749 Jefferson St.; 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) <i>Admission inappreciation (addiction)</i>				30 yrs	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) <i>Cardiac failure</i>				1 yr	
CAUSE		(c) <i>My peritonitis</i>				2-1/2	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						19a. STATE OF INDIANA	
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH DAY YEAR
20. January 31, 1976						21a. Feb. 2, 1976	9 12 AM '76
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		PHYS. CODE NO.			
22a. Henry S. Lebioda M.D.		22b. <i>H.S. Lebioda</i>		PHYS. CODE NO. 1094			
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23. 5490 Broadway		Merrillville, Indiana		46410			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION CITY OR TOWN STATE			
24a. Burial		24b. Calumet Park Cemetery		24c. Merrillville, Indiana			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. Feb. 3, 1976		Geisen Funeral Home, Inc.		3805 Adams St.; Gary, Ind. 46408			
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER				26b. FEB 3 1976	
25b. <i>[Signature]</i>							

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Disposition Permit Issued / /
Provisional Certificate
 Yes No

331

[Handwritten signatures and initials]

35989

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CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE FEB 3 1976