

Unit 8 Key # 15-18-94 W 150 ft of 71 W 716 SE Exp 71.205 ft + 64 S. 247.25 ft per 22 Dec 4. 35-8-1980.  
 Key # 15-263-7 Millville Ind. Feb 7, 8 + 9 Bl. 2  
 Key # 15-264-4 Indianapolis Feb 4, 5 + 6 Bl. 10  
 Unit 25 Key # 45-7648 Indianapolis Mills Feb 4, 5 + 6 Bl. 10  
 Key # 44-149-4 + 5 + 6 Bl. 10  
 Key # 46-24-10 Key # 47-11-13 Key # 48-11-13  
 Unit 25 Key # 45-75-46 v 47 Indianapolis Mills Feb 4, 5 + 6 Bl. 10  
 Key # 45-247-14 Key # 45-438-88  
 Key # 45-438-88

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

Below State Office Use

10-10  
742423  
Local No. SC-84  
FUNERAL HOME 242  
FUNERAL DIRECTOR'S 900  
LICENSE No. 419  
EMBALMER'S NAME: James Cholston  
FUNERAL DIRECTOR'S SIGNATURE: [Signature]

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. *held for Tony Laterzo*

DECEASED—NAME 1 PETER LATERZO		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) January 9, 1984
RACE—(Indicate White, Black, American Indian or Alaskan) 4 White	AGE—Last Birthday (Years) 5a 76	UNDER 1 YEAR 5b MONTHS	UNDER 1 DAY 5c HOURS
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION—(Name if not on other page street and number) 7c Broadway Methodist Southlake	IF HOSP OR INST. (Include DOA, OP, Limit, Res., Impound, (Specify)) 7d Inpatient
STATE OF BIRTH (If not in U.S. indicate country) Italy	CITIZEN OF WHAT COUNTRY ** USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Leda Haltof
SOCIAL SECURITY NUMBER 13 316 03 4269		USUAL OCCUPATION (Specify kind of work done during most of working life; specify if retired) 14a Retired Owner	KIND OF BUSINESS OR INDUSTRY 14b Restaurant
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville	
STREET AND NUMBER 15d 5312 Arthur Street		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 FIRST MIDDLE LAST 16 Rocco Laterzo		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 Antonia Laudenda	
INFORMANT—NAME (If not in family) 18a Leda Laterzo	RELATIONSHIP Wife	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 5312 Arthur St. Merrillville, Indiana	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b Calumet Park Cem.	LOCATION CITY OR TOWN STATE 19c Merrillville, Ind.	
DATE (MONTH DAY YEAR) 20a January 13, 1984	FUNERAL HOME—NAME AND ADDRESS (If not on other page street and number) 20b Stilinovich & Wiatrolik 7535 Taft St., Merr.		
To the best of my knowledge, health, and belief at the time, date and place and due to the following cause: 21a [Signature]		DATE SIGNED (MO DAY YEAR) 21b 1/11/84	HOUR OF DEATH 21c Indiana
NAME OF ATTENDING PHYSICIAN (If not in family) 21d Dr. Woodburn			
MAILING ADDRESS—PHYSICIAN 21e 8127 Merrillville Road Merrillville, Indiana 46410			
HEALTH OFFICER—SIGNATURE 22a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 1-11-84	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 IMMEDIATE CAUSE (IF MORE THAN ONE CAUSE PER LINE FOR (a) OR (b)) PART I (a) Small cell lung cancer DUE TO OR AS A CONSEQUENCE OF (b) _____ DUE TO OR AS A CONSEQUENCE OF (c) _____ PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributory to death but not related to cause given in PART I (a)			

FILED  
JAN 24 1984  
Auditor Lake County

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