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THIS IS A
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RECORD

Below for State Office Use

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JAN 18 1985

Ronald J. Mesarch

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

Ronald J. Mesarch

FUNERAL DIRECTOR'S SIGNATURE

AUDITOR LAKE COUNTY FUNERAL HOME

SEP 27 1983

591

Laura O. P.

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

AUDITOR LAKE COUNTY FUNERAL HOME

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

CAUSE

DISPOSITION

PARENTS

USUAL RESIDENCE WHERE DECEASED LIVED OR DEATH OCCURRED IN INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION

DECEASED

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

Local No.

788867

1581-83

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
1		PASQUALE (PATSY) VALENTI			2 Male	3 September 25, 1983
RACE - (e.g. White, Black, American Indian, etc.) (Specify)	AGE - (Last Birthday) (Year)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Month Day Year)	COUNTY OF DEATH
4 White	5a 78	5b MOS	5c DAYS	6c HOURS	6 June 30, 1905	7a Lake
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name, if known, give street and number)			IF HOSP OR INST. Indicate DOA (DP, Emer, Am, Imp, Inst) (Specify)	
7b Merrillville		7c Methodist Hospital Southlake Campus			7d Inpatient	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Pennsylvania	9 U.S.A.	10 Widowed	11		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 312-10-4183		14a Head Custodian		14b Gary School Corporation		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION				
15a Indiana	15b Lake	15c Merrillville				
STREET AND NUMBER				IS RESIDENCE ON A FARM?	INSIDE CITY LIMITS (Specify Yes or No)	
15d 7719 Hendricks Place				15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f Yes	
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	MOTHER - MAIDEN NAME	
16		Raphael		Valenti	17 Catharine Harnucei	
INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP)		
18a Patricia Zapinski - Daughter		18b		18c 1844 W. 58th Place Merrillville, Indiana 46410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION CITY OR TOWN STATE		
19a Burial		19b Mount Mercy Cemetery		19c Gary, Indiana		
DATE (Month Day Year)		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP)		DATE RECEIVED BY LOCAL HEALTH OFFICER		
20a September 28, 1983		20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, Indiana 46410		21c 9-27-83		
In the last of my knowledge, death occurred at the time, date and place and due to the (cause) stated				DATE SIGNED (Month Day Year)	HOUR OF DEATH	
21a (Signature) <i>R. S. Drasga</i>				21b September 26, 1983	21c 9:45 PM	
NAME OF ATTENDING PHYSICIAN (Type or print)						
21d Ray E. Drasga MD						
MAILING ADDRESS - PHYSICIAN						
21e 8127 Merrillville Road - Merrillville, Indiana 46410						
HEALTH OFFICER - SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a <i>Terrence H. D.</i>				22b 9-27-83		
PART I		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))				Interval between onset and death
(a)		X Prostate Cancer				
(b)		DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
(c)		DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
PART II		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)
24						No

826

Kent 15-374-66

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