

CHICAGO TITLE INSURANCE COMPANY

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TYPE OR PRINT DIVISION

830390

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Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. OCT 29 1981

HAMMOND HEALTH COMMISSIONER

Date Issued

Standard Add. 6.15 Bl. 2 Hwy # 29-101-16

EMBALMER'S NAME Martin Gabor

LICENSE No. 4074

FUNERAL HOME FUNERAL DIRECTOR'S LICENSE No. 702

SIGNATURE Gene Baran

Local No. 833

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 00

DECEASED—NAME 1. ROSE MARY CUOCO			SEX 2. F	DATE OF DEATH (MONTH, DAY, YEAR) 3. 10-24-81	
RACE—(a) White, Black, American Indian, etc. (Specify) 4. White	AGE—Last Birthday (Yr.) 5a. 50	UNDER 1 YEAR 5b. MOSE	UNDER 1 DAY 5c. HOURS MINES	DATE OF BIRTH (Mo., Day, Yr.) 6. 12-6-1930	COUNTY OF DEATH 7a. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not in either, give street and number) 7c. St. Margaret Hospital		IF HOSP OR INST indicates DOA (Specify Yes or No) 7d. Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Anthony Cuoco	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No	
SOCIAL SECURITY NUMBER 13. 314-26-9336		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Housework		KIND OF BUSINESS OR INDUSTRY 14b. Own Home	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Whiting			
STREET AND NUMBER 15d. 1811 New York Avenue			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 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 16. Andrew Kotwass		MOTHER—MAIDEN NAME 17. Mary Rzechula			
INFORMANT—NAME (Type or print) 18a. Anthony Cuoco, Husband		MAILING ADDRESS 18b. 1811 New York Ave., Whiting, Ind. 46394			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cemetery		LOCATION 19c. Merrillville, Ind.	
DATE (MONTH, DAY, YEAR) 20. Oct. 28, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Baran & Son, Inc., 1235 119th St., Whiting, Ind. 46394			
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. D. Ashbach, M.D.		DATE SIGNED (Mo., Day, Yr.) 21b. 10-26-81	HOUR OF DEATH 21c. 9:00am		
MAILING ADDRESS—PHYSICIAN 21e. 5231 Hobman Ave., Hammond, Ind.		HEALTH OFFICER'S SIGNATURE <i>Gene Baran, M.D.</i>			
PART I (a) Intermittent Hemorrhage (b) Cerebral Anemias		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			

OCT 29 1981

RECORDED
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RECEIVED BY LOCAL HEALTH OFFICER
OCT 29 1981

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