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UNFADING INK

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PERMANENT
RECORD

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INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 369-86

369-86

DECEASED - NAME 1 John L. Bracco			SEX Male	DATE OF DEATH (MONTH DAY YEAR) February 20, 1986	
RACE - (to g. White, Black, American Indian, etc.) 4 White	AGE - Last Birthday (Yr) 5a 63	UNDER 1 YEAR M: 5, D: 3	UNDER 1 DAY H: 1, M: 1	DATE OF BIRTH (Mo Day Yr) 9-15-1922	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH 7b Munster		HOSPITAL OR OTHER INSTITUTION (Name, street and number) 7c Community Hospital		IF HOSP OR INST (Indicate DOA, OP, Emer. Rm, Impatient) (Specify) 7d E.R. Room	
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 10 Married	SURVIVING SPOUSE (to g. give maiden name) 11 Josephine Oppolo	WAS DECEASED EVER IN U.S. ARMED FORCES (Specify year of exit) 12 Yes-W.W.2	
SOCIAL SECURITY NUMBER 13 312-18-2924		USUAL OCCUPATION (to g. kind of work done during most of working life, name of business) 14a Retired-Mason Dept.	KIND OF BUSINESS OR INDUSTRY 14b L.T.V. Steel Company		
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Munster			
STREET AND NUMBER 15d 1145 Thicket Lane			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 16 Louis Bracco		MOTHER - MAIDEN NAME 17 Anna Bracco			
INFORMANT NAME (Type or print) 18a Josephine Bracco-Wife		RELATIONSHIP Wife	MAILING ADDRESS (Street, P.O. Box, City or Town, State, ZIP) 18b 1145 Thicket Lane, Munster, Indiana		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORIUM - FUNERAL HOME 19b St. Joseph Cemetery	LOCATION (City or Town, State) 19c Hammond, Indiana		
DATE (Month Day Year) 20a February 22, 1986		FUNERAL HOME - NAME AND ADDRESS (Street, P.O. Box, City or Town, State, ZIP) 20b Huber's Funeral Home, East Chicago, Indiana 46312			
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Dr. A. P. Bonaventura</i>			DATE SIGNED (Mo Day Yr) 21b 02-20-86	HOUR OF DEATH 21c 1:55am	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. A. P. Bonaventura			MAILING ADDRESS - PHYSICIAN 21e 2014 Highway Ave. Highland In 46322		
HEALTH OFFICER (Signature) 22a <i>Eugene Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-24-86		
CONDITIONS (If any which gave rise to death) CAUSE STATING THE UNDERLYING CAUSE LAST			INTERVAL BETWEEN ONSET AND DEATH		
PART I (a) <i>Coronary myocardial infarction</i>			Interval between onset and death		
PART I (b) <i>Myocardial infarction</i>			Interval between onset and death		
PART I (c) <i>Heart the patient</i>			Interval between onset and death		
PART II (OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)) 22c <i>How else like symptoms & usual pain & fever</i>			AUTOPSY? (Specify Yes or No) 24		

FEB 28 1986

LICENSE No. 4496

EMBALMER'S NAME E. Eugene Johnson

FUNERAL HOME
FUNERAL DIRECTOR'S LICENSE No. 2037

AUDITOR LAKE COUNTY
DECEASED

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

PARENTS
DISPOSITION

M.D. OR D.O.

CAUSE

CC 21

RECORDED
INDEXED
FEB 24 1986
COUNTY CLERK

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