

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

Below for State Office Use

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May 3rd 1982-12  
Bridle Unit  
A-808712

1617  
Edgar Gleim

FUNERAL HOME  
No. 750  
FUNERAL DIRECTOR'S  
LICENSE No. 94  
EMBALMERS NAME  
FUNERAL DIRECTOR'S  
SIGNATURE

899156

97-87

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 1221

Local No.

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

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

CAUSE

DECEASED - NAME 1 Andrew Orto			SEX Male	DATE OF DEATH (MONTH DAY YEAR) 3 Jan. 15, 1987
2 RACE (e.g. White, Black, American, and on etc.) (Specify) 4 White	5a AGE (Last Birthday) 81	5b UNDER 1 YEAR MONTHS DAYS	6 DATE OF BIRTH (MONTH DAY YEAR) Feb. 7, 1905	7a COUNTY OF DEATH Lake
7b CITY, TOWN OR LOCATION OF DEATH Dyer		7c HOSPITAL OR OTHER INSTITUTION (Name if not in other part, give street and number) Regency Place Nursing Home		7d IF HOSP OR INST Indicate DOA (If Emp Res Institution) (Specify) Inpatient
8 STATE OF BIRTH (If not in U.S.A. name country) Penn.	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Married	11 SURVIVING SPOUSE (If wife give her last name) Margaret Vereb	12 WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
13 SOCIAL SECURITY NUMBER 338-03-3028		14a USUAL OCCUPATION (Give kind of work with during most of working life. Be as specific as possible) Crane Operator		14b KIND OF BUSINESS OR INDUSTRY
15a RESIDENCE - STATE Indiana	15b COUNTY Lake	15c CITY, TOWN OR LOCATION Hammond		
15d STREET AND NUMBER 3936 177th St.			15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f INSIDE CITY LIMITS (Specify Yes or No) Yes
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
16 FATHER - NAME Andrew Orto			17 MOTHER - MAIDEN NAME Unavailable	
18a INFORMANT - NAME (Type or print) Margaret Orto		RELATIONSHIP WIFE	18b MAILING ADDRESS (STREET OR RFD NO CITY OR TOWN STATE ZIP) 3936 177th St. Hammond, Indiana	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - FUNERAL HOME Chapel Lawn		19c LOCATION (CITY OR TOWN STATE) Schererville, Indiana
20a DATE (MONTH DAY YEAR) Jan. 17, 1987		20b FUNERAL HOME - NAME AND ADDRESS (STREET OR RFD NO CITY OR TOWN STATE ZIP) Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana		
21a To the best of my knowledge, death occurred at the time, date and place and due to the causes stated: Signature: John A. Hoehn		21b DATE SIGNED (MAY DAY YEAR) 1/16/87	21c HOUR OF DEATH 2 33 PM '87	
21d NAME OF ATTENDING PHYSICIAN (Type or Print) John A. Hoehn, D.O.				
21e MAILING ADDRESS - PHYSICIAN 13 W. Lincoln Highway, Schererville, IN 46375				
22a HEALTH OFFICER - SIGNATURE Paul Johnson			22b DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 14 1987	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART (a) Cardiovascular arrest				Interval between onset and death second
23 (b) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
23 (c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
23 (d) OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART 1(a))				AUTOPSY (Specify Yes or No) No

SBH 06-003 State Form 35430  
REV 10/77

Return to MARGARET ORTO  
3936 177th ST  
HAMMOND, INDIANA 46323

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