

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

Below for State Office Use

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EMBALMER'S NAME: Chas. W. Wells

FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*

FUNERAL DIRECTOR'S LICENSE No. 723

FUNERAL HOME No. 245

954619

Local No. 219-85

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED'S COUNTY: *On the County*

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH WOULD BE LIKELY TO INTERFERE WITH IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

45315

1 DECEASED - NAME FIRST MIDDLE LAST ELSIE M. BELLA		SEX Female	DATE OF DEATH (MONTH DAY YEAR) January 29, 1985
2 RACE - (e.g. White, Black, American Indian, etc.) White	3 AGE - (Last Birthday) 63	4 UNDER 1 YEAR 5a 10-10-1921	4 UNDER 1 DAY 5b 10-10-1921
5 CITY, TOWN OR LOCATION OF DEATH Merrillville		6 HOSPITAL OR OTHER INSTITUTION Southlake Methodist Hospital	7 IF HOSP OR INST (Indicate DCA Or Other Pl. Institution (Specify)) Inpatient
8 STATE OF BIRTH Indiana	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, ETC. married	11 NICKNAME(S) Nick F. Bella
12 SOCIAL SECURITY NUMBER 310-18-2635		13 USUAL OCCUPATION Retired Cashier	14 KIND OF BUSINESS OR INDUSTRY Grocery Store
15a RESIDENCE - STATE Indiana	15b COUNTY Lake	15c CITY, TOWN OR LOCATION Merrillville	
16a STREET AND NUMBER 349 West 55th Lane		16b IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16c INSIDE CITY LIMITS (Specify Yes or No) yes
17 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 17a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
18 FATHER - NAME Frank Cerra		18 MOTHER - MAIDEN NAME Beatrice Zingale	
19a INFORMANT - NAME (Type in print) Nick F. Bella Husband		19b RELATIONSHIP Husband	
20a MAILING ADDRESS 349 West 55th Lane, Merrillville, Ind. 46410		20b CITY OR TOWN Merrillville, Indiana	
21a BURIAL, CREMATION, REMOVAL, OTHER Burial		21b CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery	
22a DATE (MONTH DAY YEAR) February 2, 1985		22b LOCATION Merrillville, Indiana	
23a TO THE BEST OF MY KNOWLEDGE, SIGN (Type in print) <i>Diego B. Valenzuela, Jr.</i>		23b DATE (MONTH DAY YEAR) 1-31-85	
24a NAME OF ATTENDING PHYSICIAN Diego Valenzuela M.D.		24b HOUR OF DEATH 11:50 PM	
25a MAILING ADDRESS - PHYSICIAN 7863 Broadway, Merrillville, Indiana 46410		25b HEALTH OFFICER - SIGNATURE <i>[Signature]</i>	
26a IMMEDIATE CAUSE Metastatic adeno carcinoma		26b DATE RECEIVED BY LOCAL HEALTH OFFICER 2-1-85	
27a PART I (a) DUE TO OR AS A CONSEQUENCE OF (b) DUE TO OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS		27b INTERVAL BETWEEN ONSET AND DEATH	
28a PART II		28b AUTOPSY (Specify Yes or No) no	

SBH 06-003 State Form 35430  
REV. 10/77

#15-245-7  
K.7 R.L.C.  
MERRILLVILLE ESTATES CHIT II

LAWYERS TITLE INS. CORP.  
 7395 BROOKWAY  
 MERRILLVILLE, IN 46410  
 WILLIAM BLASTON  
 ORDER

*[Handwritten signature]*