

LTIC#46548

Key # 30-373-30  
 3rd Add. Indiana Harbor  
 L. 31 B.L. 12

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

State No. 00

Local No. 76-392692

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

Below for State Office Use

LAWYERS TITLE INS. CORP.  
 7895 BROADWAY  
 MERRILLVILLE IN 46410

|   |                         |                        |   |   |   |  |
|---|-------------------------|------------------------|---|---|---|--|
| DECEASED - NAME   |                         | FIRST                  | MIDDLE  | LAST  | SEX   | DATE OF DEATH MONTH DAY YEAR             |
| 1   |                         | John                   |   | Fiano   | 2 Male  | 3 10-11-87                               |
| RACE  | AGE - LAST BIRTHDAY     | UNDER 1 YEAR           |   | UNDER 1 DAY   | DATE OF BIRTH MONTH DAY YEAR  | COUNTY OF DEATH                          |
| 4 White   | 5a 71                   | 5b                     | 5c  | 5d  | 6 6-17-1916   | 7a Lake                                  |
| CITY, TOWN OR LOCATION OF DEATH   |                         |                        |   | HOSPITAL OR OTHER INSTITUTION - Name of institution, give street and number |   | IF HOSP OR INST OF Care, give Department |
| 7b Hammond  |                         |                        |   | 7c St. Margarets Hospital   |   | 7d Inpatient                             |
| STATE OF BIRTH  | CITIZEN OF WHAT COUNTRY | MARRIED                | NEVER MARRIED                                   | WIDOWED   | DIVORCED  | SEPARATED                                |
| 8 Pa.   | 9 U.S.                  | 10 Married             | 11 Helen Gonda                                  | 12  | 13  | 14                                       |
| SOCIAL SECURITY NUMBER  |                         |                        | USUAL OCCUPATION                                |   | KIND OF BUSINESS OR INDUSTRY  |  |
| 13 178-05-9120  |                         |                        | 14a Retired                                     |   | 14b Inland Steel  |  |
| RESIDENCE - STATE   | COUNTY                  | CITY, TOWN OR LOCATION |   |   |   |  |
| 15a Ind.  | 15b Lake                | 15c East Chicago       |   |   |   |  |
| STREET AND NUMBER   |                         |                        |   |   | IS RESIDENCE ON A FARM?   | INSIDE CITY LIMITS                       |
| 15d 3928 Hemlock St.  |                         |                        |   |   | 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   |                         |                        | MOTHER - MARY - NAME                            |   | MIDDLE  |  |
| 16 Peter Fiano  |                         |                        | 17 Manetta Iadone                               |   |   |  |
| INFORMANT - NAME  |                         | RELATIONSHIP           | STREET AND NO.                                  | CITY OR TOWN  | STATE   |  |
| 18 John P. Fiano  |                         | Son                    | 6706 W. Michael Pl., Michigan City, IN          |   | Aug 17  |  |
| BURIAL  |                         |                        | LOCATION  | CITY OR TOWN  |   |  |
| 19a Burial  |                         |                        | 19b St John Cemetery                            | 19c Hammond, IN   |   |  |
| DATE  |                         |                        | FUNERAL HOME - NAME AND ADDRESS                 |   | STREET AND NO. CITY OR TOWN STATE ZIP                                   |  |
| 20a 10-14-87  |                         |                        | 20b Oleska Funeral Home 3934 Elm St, E. Chicago |   | 3934 Elm St, E. Chicago   |  |
| SIGNATURE   |                         |                        | DATE  | HOUR OF DEATH   |   |  |
| 21a <i>[Signature]</i>  |                         |                        | 21b 10/12/87                                    | 21c 7:00  |   |  |
| NAME OF ATTENDING PHYSICIAN   |                         |                        |   |   |   |  |
| 21d S. Mischel, D.O.  |                         |                        |   |   |   |  |
| MAILING ADDRESS - PHYSICIAN   |                         |                        |   |   |   |  |
| 21e 5454 Hohman Avenue, Hammond, Indiana 46320                                    |                         |                        |   |   |   |  |
| HEALTH OFFICER - SIGNATURE  |                         |                        |   |   | DATE RECEIVED BY LOCAL HEALTH OFFICER                                   |  |
| 22a <i>[Signature]</i>  |                         |                        |   |   | 22b OCT 13 1987   |  |
| CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE                                     |                         |                        |   |   |   |  |
| 23 PART I   |                         |                        |   |   |   |  |
| (a) Sepsis  |                         |                        |   |   |   |  |
| (b) Severe Diabetic Peripheral Vascular Disease                                   |                         |                        |   |   |   |  |
| (c) Diabetes Mellitus   |                         |                        |   |   |   |  |
| PART II   |                         |                        |   |   |   |  |
| 24  |                         |                        |   |   |   |  |

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

OCT 19 1987 *[Signature]* *[Signature]*

HAMMOND HEALTH COMMISSIONER

LICENSE NO. 80042373

FUNERAL HOME

FUNERAL DIRECTORS

CHARLES WELLS

*[Signature]*

FUNERAL DIRECTORS

No. 155

No. 1008300

*[Signature]*

*[Signature]*

SIGNATURE

ALLIAN A. BLESICK  
 RECORDED & INDEXED  
 CROWN POINT, INDIANA 46307

FILED

AUG 15 1988

*[Signature]*  
 AUDITOR LAKE COUNTY