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Key # 50-206-1
Spielman's Add. Gary
L.1 BLG
W.105 of L.2 BLG
Local No. 2039-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

8621

FUNERAL HOME No. 561
FUNERAL DIRECTOR'S LICENSE No. 646
FUNERAL DIRECTOR'S SIGNATURE
EMBALMER'S NAME William K. Wilson

LICENSE No. 2256

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 MIKE VELTRI		SEX 2 male		DATE OF DEATH-MONTH DAY YEAR 3 June 19, 1986	
RACE-1 (eg. White, Black, American Indian, etc.) 4 white	AGE-2 (Last Birthday) 5a 75	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH-MONTH DAY YEAR 6 Feb. 6, 1911	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Hobart		HOSPITAL OR OTHER INSTITUTION 7c St. Mary Medical Center		IF HOSP. OR INST. (Specify) 7d inpatient	
STATE OF BIRTH (If not in U.S. 4) 8 Colorado	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 widowed	SURVIVING SPOUSE (in full give name) 11 none		WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 yes
SOCIAL SECURITY NUMBER 13 311-05-4759		USUAL OCCUPATION (Last kind of work done during usual work ing life) 14a Sawman		KIND OF BUSINESS OR INDUSTRY 14b U. S. Steel Corp.	
RESIDENCE-STATE 15a Indiana	COUNTY 15b Porter	CITY, TOWN OR LOCATION 15c Portage		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 2704 Carmen		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 FIRST MIDDLE LAST 16 Pasquale Veltri (Dec.)			MOTHER MAIDEN NAME FIRST MIDDLE LAST 17 Vincenza Ficarella (Dec.)		
INFORMANT-NAME (Type in print) RELATIONSHIP 18a Mildred I. Lara Step-Dau.		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 2704 Carmen Portage Indiana 46368			
DISPOSITION 19a Burial		CEMETERY OR CREMATORY-FUNERAL HOME 19b Calvary Cemetery		LOCATION CITY OR TOWN STATE 19c Portage Indiana	
DATE (MONTH DAY YEAR) 20a June 23, 1986		FUNERAL HOME-NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Rees Funeral Home-Olson Chapel 5341 Central Ave., Portage, Indiana			
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a (Signature)		DATE SIGNED, Mo. Day Year 21b 6/20/86		HOUR OF DEATH IN 21c 3:51 AM '86	
NAME OF ATTENDING PHYSICIAN (Type in Print) 21d Dr. F. Rivera		MAILING ADDRESS PHYSICIAN 21e 3099 Central Ave., Lake Station, IN 46405			
HEALTH OFFICER (SIGNATURE) 22a Paul Johnson		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 6-24-86			
PART I (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) 23 Cardio Respiratory Arrest		OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not reported as cause given in PART I (a) through (z) 24		AUTOPSY (Specify Yes or No) 24 no	

FILED

AUG 19 1988

Alexa N. Anton
AUDITOR LAKE COUNTY

REORDER LAKE COUNTY
LILLIAN A. BLASTICK
CROSSING INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 19 2 11 PM '88
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