

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF BIRTH ON FILE WITH THE HAMMOND HEALTH DEPT. MAR 27 1981

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 Yes No

086822-236
Local No. 236
CHICAGO TITLE INSURANCE COMPANY
INDIANA State Health No. 281
DECEASED
No. 281
Cory 34-26-30
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS
FURNAL HOME
FURNAL DIRECTOR'S LICENSE No. 2380
FURNAL DIRECTOR'S SIGNATURE
EMBALMER'S NAME
Thomas J. Burns
FURNAL DIRECTOR'S SIGNATURE
Thomas J. Burns
4518
Additional to Hammond
1947 Book 2 Page 14
Hammond Health Commissioner
Date Issued

086822-236
Local No. 236

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

CHICAGO TITLE INSURANCE COMPANY
INDIANA State Health No. 281

DECEASED—NAME FIRST MIDDLE LAST CHARLES J. CINOTTI		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 MARCH 19, 1981
RACE—(a) White, (b) Black, American Indian, (c) Spanish 4 WHITE	AGE—(a) Last birthday (Yr.) 6a 77	UNDER 1 YEAR 5a MONTHS 5b DAYS	UNDER 1 DAY 5c HOURS 5d MINS
CITY, TOWN OR LOCATION OF DEATH 7a HAMMOND		HOSPITAL OR OTHER INSTITUTION—(Name if not in section 1, give street and number) 7c 435 LEWIS ST.	IF HOSP. OR INST. (Specify No., Dept. Am., Institution, Special) 7d
STATE OF BIRTH (If not in U.S.A.) 9 ILLINOIS	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11 EDNA COOMER
SOCIAL SECURITY NUMBER 13 311-28-1947A	USUAL OCCUPATION (Specify kind of work done during most of working life, except if retired) 14 MANAGER	KIND OF BUSINESS OR INDUSTRY 14b JOHN HANCOCK INSURANCE	
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c HAMMOND	
STREET AND NUMBER 15d 435 LEWIS ST.	IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f YES	
IS DECEASED OF SPANISH DESCENT? (If YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.) 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 JOHN CINOTTI		MOTHER—MAIDEN NAME 17 MARY V. ---	
INFORMANT—NAME (Specify) 18a EDNA CINOTTI	RELATIONSHIP 18b	MAILING ADDRESS 18c 435 LEWIS ST., HAMMOND, INDIANA 46320	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL	CEMETERY OR CREMATORY—FURNAL HOME 19b ELMWOOD CEMETERY	LOCATION 19c HAMMOND, INDIANA	
DATE (MONTH, DAY, YEAR) 20a MARCH 23, 1981	FURNAL HOME—NAME AND ADDRESS 20b BURNS-KISH FUNERAL HOMES, INC. HAMMOND, IN	STREET OR P.O. NO., CITY OR TOWN, STATE (Zip)	
CERTIFIER 21a Signature Albert T. Willardo, MD		DATE SIGNED (Mo., Day, Yr.) 21b 3/20/1981	HOUR OF DEATH 21c 6:00 a.m.
NAME AND ADDRESS OF CERTIFIER (If not a Physician) 21d Albert T. Willardo, 2293 N. Main St. Crown Point, In 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21e 3/19/1981	PRONOUNCED DEAD (Specify) 21f 6:00 a.m.
HEALTH OFFICER'S SIGNATURE 22a		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b MAR 20 1981	
CAUSE 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Vascular collapse - heart atrophy (b) embolism (c) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a), (b), and (c)) 24 No			
ACC., UNCLD. HOM., UNDET., OR PENDING INVEST. (Specify) 25a NATURAL	DATE OF INJURY (Mo., Day, Yr.) 25b	HOUR OF INJURY 25c	DESCRIBE HOW INJURY OCCURRED 25d
INJURY AT WORK (Specify Yes or No) 26a	PLACE OF INJURY—(At home, farm, street, factory, office building, etc.) 26b	CITY OR TOWN 26c	STATE 26d

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