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

Below for State Office Use

#1959... THE COPY OF THE CERTIFICATE OF DEATH... ON FILE WITH THE LAKE COUNTY HEALTH DEPT... 1st Sub. E. Spanopoulos 11/19/79

Disposition Permit Issued / / Provisional Certificate Yes No

EMBALMER'S NAME Edward B. Fowler & Son, Inc. LICENSE No. 988

FUNERAL DIRECTOR'S SIGNATURE [Signature] LICENSE No. 699

FUNERAL HOME No. 164

LAKE COUNTY HEALTH COMMISSIONER

Local No. 947-79

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TICKET TITLE INSURANCE P.O. Box 386 Portage, Indiana 46380 State No. 00117

DECEASED-NAME Frank J. Spanopoulos; Male; DATE OF DEATH July 14, 1979; RACE White; AGE 62; DATE OF BIRTH April 16, 1917; COUNTY OF DEATH Lake; HOBART; St. Mary Medical Center; D.O.A. Emer.; SOCIAL SECURITY NUMBER 277-05-17866; RESIDENCE 901 Central Avenue; FATHER James Spanopoulos; MOTHER Legerie Massey; INFORMANT Mrs. Emerald Spanopoulos; DISPOSITION Burial; DATE July 16, 1979; NAME OF ATTENDING PHYSICIAN M M Valencia; HEALTH OFFICER [Signature]; CAUSE (a) metabolic Ca of lung; (b) Acute pulmonary Edema

