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TYPE OR PRINT  
PLAINLY WITH  
UNFAADING INK

THIS IS A  
PERMANENT  
RECORD

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 970

1. DECEASED—NAME FIRST MIDDLE LAST <b>CHARLES RICCIARDI</b>		SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 1. <b>Nov. 11, 1973</b>
3. RACE <b>White</b>	AGE—LAST BIRTHDAY (YEAR) 5a. <b>52</b>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
4. CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>1551 Michigan Street</b>	
5. STATE OF BIRTH (IF NOT IN U.S.A.) <b>Indiana</b>	CITIZEN OF WHAT COUNTRY 9. <b>Indiana</b>	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <b>Katheryn (nee Stachura)</b>	
6. SOCIAL SECURITY NUMBER <b>312-00-9310</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF LAST YEAR, EVEN IF RETIRED) 10. <b>Checker</b>	KIND OF BUSINESS OR INDUSTRY 12b. <b>RR Car Factory</b>	
7. RESIDENCE—STATE COUNTY <b>Ind. Lake</b>	CITY, TOWN OR LOCATION 13. <b>Hammond</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14a. <b>yes</b>	TOWNSHIP 14b. <b>North</b>
8. STREET AND NUMBER <b>1551 Michigan Street</b>	14c. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>yes</b>	15. IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. FATHER—NAME FIRST MIDDLE LAST <b>Vincenzo Ricciardi</b>		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Anna nee Strata</b>	
17. MARRIAGE—NAME FIRST MIDDLE LAST <b>Mrs. Katheryn Ricciardi</b>		17b. RELATIONSHIP <b>Wife</b>	
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>1551 Mich. St. Hammond, In. 46320</b>			
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
IMMEDIATE CAUSE (a) <b>Acute myocardial infarction sudden</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) <b>Diabetes mellitus 10 years</b>			
(c) <b>Hypertensive Chronic Renal</b>			
PART II OTHER SIGNIFICANT (CONTRIBUTING) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
		AUTOPSY 19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE & TIME OF DEATH MONTH DAY YEAR <b>11 11 73</b>		DATE SIGNED MONTH DAY YEAR <b>12 Nov 1973</b>	
20. M. D. OR D. O. 21. ATTENDING PHYSICIAN (TYPE OR PRINT) <b>Alfred J. Dainko M.D.</b>		21b. SIGNATURE OF PHYSICIAN <i>Alfred J. Dainko</i>	
22. PHYSICIAN'S ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>915 W. Chicago Ave. East Chicago, Indiana 46312</b>			
23. MANNER OF DEATH <b>Burial</b>		24. CEMETERY, CREMATORY, FUNERAL HOME LOCATION <b>Memory Lane Mem. Cem. Schererville, Indiana</b>	
24a. FUNERAL HOME—NAME AND ADDRESS <b>Lesniak Funeral Home 4918 Magoun Av. E. Chicago, In. 46312</b>		24b. (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
25. HEALTH OFFICER—SIGNATURE <i>C. E. [Signature]</i>		26. DATE RECEIVED BY LOCAL HEALTH OFFICER <b>NOV 13 1973</b>	

Document is the property of the Lake County Recorder



FILED

MAY 17 1990

Ann N. Anton

EMERALD DIRECTORS  
SIGNATURES AND ADDRESSES OF HOSPITAL, FUNERAL HOME, AND DIRECTOR OF HEALTH DEPARTMENT  
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Disposition Form  
Provisional Certificate

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

JUN 28 1989

*Franklin D. Remuda, M.D.*

Date Issued

HAMMOND HEALTH COMMISSIONER

