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EMBALMER'S NAME Anthony S. Rendina Jr. LICENSE No. FDE 101040

FUNERAL HOME 781
FUNERAL DIRECTOR'S LICENSE No. FDE
SIGNATURE Anthony S. Rendina Jr.

91014740

Local No 87-0292

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME FIRST MIDDLE LAST Anna Piccolo			SEX Female	DATE OF DEATH (MONTH DAY YEAR) May 5, 1987
RACE (Do not check Black American Indian or Japanese) Cau	AGE—Last Birthday (MOS) (DAY) (MONTH) (YEAR) 84	UNDER 1 YEAR MOS	UNDER 1 DAY HOURS (MIN)	DATE OF BIRTH (MO) (DAY) (YEAR) July 26, 1902
CITY TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION—Name as on other good street and number Gary Mercy Hospital		IF HOSP OR INST Increase BOA OF Ind. Am. Hospital (Specify) INP
STATE OF BIRTH (Do not use M & D name a quarter of) Illinois	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Married	SURVIVING SPOUSE (in whole give maiden name) Rudolph Piccolo	
SOCIAL SECURITY NUMBER 311 58 0063		USUAL OCCUPATION (Give kind of work done during most of working life. Begin at report) Housewife	KIND OF BUSINESS OR INDUSTRY 14b	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION Indiana Lake Gary		STREET AND NUMBER 6959 Hickory St		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN, PUERTO RICAN, ETC 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 16b YES		
FATHER—NAME FIRST MIDDLE LAST Liberato Morganelli		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Argia Mioucci		
INFORMANT—NAME (Type or print) RELATIONSHIP Rudolph Piccolo Husband		MAILING ADDRESS STREET OR R.F. NO. CITY OR TOWN STATE ZIP 6959 Hickory St. Gary In. 46408		STATE OF INDIANA LAKE COUNTY FILED APR 1 1987 STATE OF INDIANA LAKE COUNTY FILED APR 1 1987
DISPOSITION 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME Assumption Cemetery		LOCATION CITY OR TOWN STATE ZIP Glenwood Illinois 61008
DATE (MONTH DAY YEAR) May 8, 1987 Friday		FUNERAL HOME—NAME AND ADDRESS STREET OR R.F. NO. CITY OR TOWN STATE ZIP Rendina Funeral Home 5100 Cleveland St. Gary IN.		STATE OF INDIANA LAKE COUNTY FILED APR 1 1987
To the best of my knowledge death occurred at the time and place and due to the (Cause) stated 21a (Signature) C. A. Agano MD		DATE SIGNED (MO) (DAY) (YEAR) 5-7-87		HOUR OF DEATH 16:49
M.D. OR D.O. 21b NAME OF ATTENDING PHYSICIAN (Type or Print) A. A. Agano		21c MAILING ADDRESS—PHYSICIAN 55 S. B. Wright, Gary IN.		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 22a IMMEDIATE CAUSE (ENTER ONLY THE CAUSE PER SE FOR (a) AND (b)) Cardiac arrest		DATE RECEIVED BY LOCAL HEALTH OFFICER MAY 7 1987		
PART I (a) Cardiac arrest		Interval between onset and death		
PART I (b) Cardiac arrest		Interval between onset and death		
PART I (c) Cardiac arrest		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		ABSTRACT OF LAKE COUNTY APR 1 1987 600		

01381



RECEIVED CO.P.
James T. Hedrick, Jr.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE MAY 7 1987