

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

Below for State Office

91020833

Local No. 476

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Mary A. Hale
5910 Grant Pl
Merr 46410
State No.

FUNERAL HOME
No. FDH 300781

TYPE OR PRINT
IN PERMANENT
INK FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED—NAME 1. JOHN GAMBINO		SEX 2. MALE	DATE OF DEATH (MONTH DAY YEAR) 3. JUNE 26, 1987
RACE 4. CAU	AGE—Last Birthday (Year) 5a. 71	DATE OF BIRTH (MO DAY YEAR) 6. Feb 4, 1916	COUNTY OF DEATH 7. Lake
CITY, TOWN OR LOCATION OF DEATH 7a. Hammond		HOSPITAL OR OTHER INSTITUTION—Name if not at other (see street and number) 7b. St Margaret Hospital	IF HOSP OR INST HAS DOA OF (see instructions) 7c. inp
STATE OF BIRTH (if not in U.S.) 8. Michigan	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10. Married	SURVIVING SPOUSE (if not give maiden name) 11. Sally Sajok
SOCIAL SECURITY NUMBER 12. 307 01 5948	USUAL OCCUPATION (check kind of work done during most of working life (even if retired)) 13a. Ret Steelworker	KIND OF BUSINESS OR INDUSTRY 13b. US Steel	
RESIDENCE—STATE 14a. Indiana	COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Hammond	IS RESIDENCE ON A FARM? 14d. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
STREET AND NUMBER 15a. 6807 Rhode Isl and		INVEST CITY LIMITS (SPECIFY YES OR NO) 15b. YES	
16. DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FATHER—NAME (FIRST MIDDLE LAST) 17a. Andrew Gambino	MOTHER—MAIDEN NAME (FIRST MIDDLE LAST) 17b. Francesca Trafconjea		
DECEASED'S NAME (if not as above) 18a. Sally Gambino	RELATIONSHIP 18b. wife	MAILING ADDRESS (STREET OR R.F.D. NO.) 18c. 6807 Rhode Island	CITY OR TOWN 18d. Hammond
DISPOSITION 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Holy Cross Cemetery	LOCATION (CITY OR TOWN) STATE 19c. Calumet City Illinois
DATE (MONTH DAY YEAR) 20a. June 29, 1987		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO.; CITY OR TOWN STATE ZIP) 20b. Rendina Funeral Home 5100 Cleveland Gary, IN.	
21a. (Signature) MARCELO P. S. M.D.		DATE SIGNED (MO DAY YEAR) 21b. 6-26-1987	HOUR OF DEATH 21c. 5:55 A.M.
NAME OF ATTENDING PHYSICIAN (Print or Print) 21a. MARCELO P. S. M.D.			
MAILING ADDRESS—PHYSICIAN 21c. 9127 S. Western Chicago, Ill - 60620			
HEALTHY—SIGNATURE Mary A. Hale		DATE RECEIVED BY PHYSICIAN (MO DAY YEAR) 22b. JUN 29, 1987	
22a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I AND II) PART I (a) RESPIRATORY FAILURE		Interval between onset and death UNKNOWN	
(b) SEVERE ASCITES		Interval between onset and death ONE MONTH	
(c) HEPATIC CARCINOMA		Interval between onset and death ONE MONTH	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) HEPATIC FAILURE, DETHYDRATION		AUTOPSY? (Specify Yes or No) 24	

USUAL RESIDENCE WHERE DECEASED LIVED IF OCCURRED IN INSTITUTION, HOME RESIDENCE BEFORE ADM.

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

FUNERAL DIRECTOR'S SIGNATURE
Anthony Mendez

HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME
#50-203 Anthony J. Rendina Jr. License No.

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

Nov 13 1987
Speelman and Rt 15 16/18, 615 & Young Hill St 7 2017
#43-169-7
FDE 101040 #43-169-7