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1071

LICENSE No. 1071

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 123

FUNERAL HOME No. FDH 8600018

91022389

Local No. 97787

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

Holton Hill Add. No. 8 Bl. 3  
 Key # 9-33-8, unit # 23  
 State No.

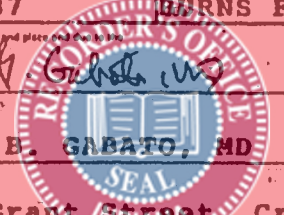
00690

DECEASED - NAME <b>FRANK V. SELVAGGI</b>		SEX <b>MALE</b>	DATE OF DEATH (MONTH DAY YEAR) <b>MAY 14, 1987</b>
RACE - 10a <b>WHITE</b>	AGE - 10b (Years, Months, Days) <b>73</b>	DATE OF BIRTH (MONTH DAY YEAR) <b>MAY 4, 1914</b>	COUNTY OF DEATH <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH <b>MERRILLVILLE</b>		HOSPITAL OR OTHER INSTITUTION <b>METHODIST HOSPITAL SOUTHLAKE CAMPUS</b>	IF NOT (PRINT) WHERE THE DEATH OCCURRED <b>EMER ROOM</b>
DECEASED STATE OF BIRTH (at age in U.S.A. home country) <b>GARY, IND.</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) <b>MARRIED</b>	SURVIVING SPOUSE (at age) (Specify) <b>ANNETTA CASPERSON</b>
SOCIAL SECURITY NUMBER <b>312-05-5593</b>	USUAL OCCUPATION (What kind of work done during most of working life, given in full) <b>RETIRED PIPE FITTER</b>	KIND OF BUSINESS OR INDUSTRY <b>GARY SHEET &amp; TIN MFG</b>	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION RESIDENCE - STATE <b>INDIANA</b>	CITY, TOWN OR LOCATION <b>LAKE CROWN POINT</b>	IS RESIDENCE ON A FARM? <b>NO</b>	
STREET AND NUMBER <b>315 HOLTON RIDGE</b>	INSIDE CITY LIMITS (Specify) <b>YES</b>	STATE OF INDIANA'S S.S. NO. <b>1071</b>	
DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>NO</b>			
PARENTS FATHER - NAME <b>DANIEL SELVAGGI</b>	MOTHER - MAIDEN NAME <b>ROSE RANIERI</b>		
INFORMANT - NAME (Type or Print) <b>ANNETTE SELVAGGI - WIFE</b>	RELATIONSHIP <b>WIFE</b>	MAILING ADDRESS (Street or R.F.D. No.) <b>315 HOLTON RIDGE, CROWN POINT, INDIANA 46307</b>	CITY OR TOWN <b>CROWN POINT, INDIANA</b>
DISPOSITION BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>CREMATION</b>	CEMETERY OR CREMATORY - FUNERAL HOME <b>NORTHWEST INDIANA CREMATION SERVICES</b>	LOCATION <b>CROWN POINT, INDIANA</b>	
DATE (MONTH DAY YEAR) <b>MAY 19, 1987</b>	FUNERAL HOME - NAME AND ADDRESS <b>BURNS FUNERAL HOME, 10101 Broadway, Crown Point, Ind</b>	DATE SIGNED (Month Day Year) <b>May 19, 1987</b>	
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>MANUEL B. GABATO, MD</b>	MAILING ADDRESS - PHYSICIAN <b>12110 Grant Street, Crown Point, Indian 46307</b>	DATE RECEIVED BY LOCAL HEALTH OFFICER <b>5-19-87</b>	HOUR OF DEATH <b>MAY 18 1991</b>
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST <b>Cardiac Arrest</b>	INTERVAL BETWEEN PRIOR AND DEATH <b>less than 1 hour</b>		
<b>Coronary atherosclerosis - Heart Disease</b>	INTERVAL BETWEEN PRIOR AND DEATH <b>years</b>		
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>Diabetes Mellitus, Previous Myocardial Infarction and Congestive Heart Failure</b>	AUTOPSY (Specify Yes or No) <b>NO</b>		

SBH 08-003 State Form 35430  
 REV. 10/77

tax mailing address: 315 Holton Ridge, Crown Point, IN 46307

FILED



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