ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

STATE OF INDIANA
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LAKE COUNTY FILED FOR RECORD

94 APR 27 PM 1:02

SAMUEL ORLICH RECORDER

Local No. 0908-94 940311728

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased—Name (First Middle Last)	James Cuttino Jr.
2. Sex	
3a. Time of Death	2:45 p M
3b. Date of Death (Month Day Yr)	April 10, 1994
4. Social Security Number	250-28-2133
5a. Age—Last Birthday (Years)	69
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Mo Day Yr)	Feb. 2, 1925
7. Birthplace (City and State or Foreign Country)	Myrtle Beach, S.C.
8a. Was Decedent a US Veteran?	Yes
8b. Year Last Served in US Armed Forces?	1945
9a. Place of Death (Check only one. See instructions)	Hospital: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. Facility Name (If not institution, give street and number)	Methodist Hospital Southlake Campus
9c. City, Town or Location of Death	Merrillville
9d. County of Death	Lake
10. Marital Status (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Roe Senners Banks
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Steelworker
12b. Kind of Business/Industry	USX Steel Company
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town or Location	Merrillville
13d. Street and Number	630 East 53rd Avenue
13e. Zip Code	46410
13f. Inside City Limits	☐ No ☒ Yes
13g. On a Farm?	☒ No ☐ Yes
14. Citizen of What Country?	U.S.A.
15. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. Race—American Indian, Black, White, etc. (Specify)	Afro Amer
17. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)	10
College (1-4 or 5+)	

PARENTS

Field	Entry
18. Father's Name (First Middle Last)	James Cuttino
19. Mother's Name (First Middle Maiden Surname)	Essie Holmes

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	Roe Senners Cuttino
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	630 E. 53rd Ave., Merrillville, IN 46410
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. Method of Disposition	☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory or other place)	April 16, 1994 Oak Hill Memorial Park
21c. Location—City or Town, State	Gary, Indiana
22a. Embalmer's Name	Sherman G. Banks III
22b. Embalmer's License No.	FD01016254
23. Was Death Reported to Coroner?	☐ No ☒ Yes
24a. Signature of Funeral Director	Paula K. Starner
24b. License Number (of Licensee)	FD09100591
25. Name, Address and License Number of Funeral Home	FH89900011 Smith Bizzell Warner & Son 4209 Grant St., Gary, IN 46408

#133989

CAUSE OF DEATH

28. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Immediate Cause (Final disease or condition resulting in death)	Approximate Interval Between Onset and Death
a	GASTRIC SARCOMA	1 YR
b	DUE TO (OR AS A CONSEQUENCE OF)	
c	DUE TO (OR AS A CONSEQUENCE OF)	
d	DUE TO (OR AS A CONSEQUENCE OF)	

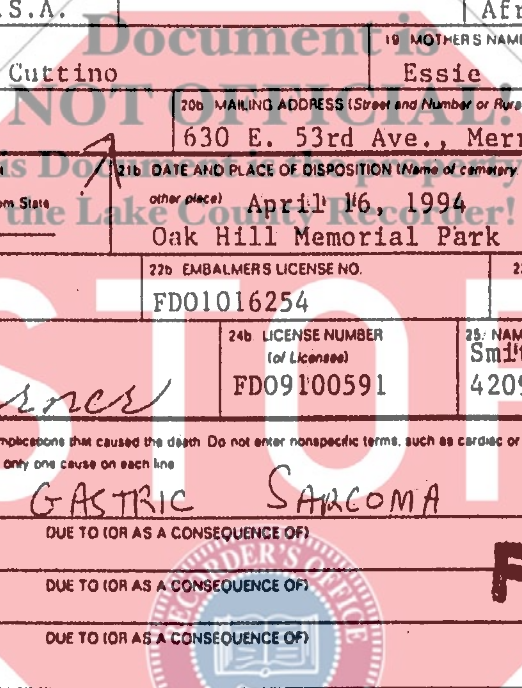
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II Other significant conditions - Conditions contributing to death but not related to cause given in Part I

27. Was Decedent Pregnant or 90 Days Postpartum? (Yes or no)

28a. Was an Autopsy Performed? (Yes or no)

28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or no) No



FILED APR 27 1994

THE ABOVE IS A TRUE AND COPY OF THE CERTIFICATE OF FILE WITH THE LAKE COUNTY

CERTIFIER

29a. Certifier (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated

☐ HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated.

☐ CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner as stated

Field	Entry
29b. Signature and Title of Certifier	[signature] MD
29c. Medical License No.	30107
29d. Date Signed (Month Day Year)	4-12-94
30. Name and Address of Person Who Completed Cause of Death (Item 28) (Type/Print)	Dr. Bharat Barai, M.D. 125 East 89th Avenue Merrillville, Indiana 46410

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	Alexander S. Williams, M.D.
32. Date Filed (Month Day Year)	April 19, 1994

Field	Entry
33. Manner of Death	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. Date of Injury (Month Day Year)	
34b. Time of Injury	
34c. Injury at Work? (Yes or no)	
34d. Describe How Injury Occurred	
34e. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)	
34f. Location (Street and Number or Rural Route Number, City or Town, State)	
34g. Date Pronounced Dead (Month Day Year)	
34h. Motor Vehicle Accident? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD