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PORTER COUNTY BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Robert Rolla), SEX (Male), TIME OF DEATH (2:00a), DATE OF DEATH (January 11, 1995), SOCIAL SECURITY NUMBER (325 20 0962), AGE (67), DATE OF BIRTH (Aug. 31, 1927), BIRTHPLACE (Chicago, Illinois), FACILITY NAME (1797 Foresy Lane), CITY/TOWN (Porter Township), COUNTY (Porter), MARRITAL STATUS (Married), SURVIVING SPOUSE (Barbara A. Panozzo), OCCUPATION (Stationary Eng. Bldg.), RESIDENCE (Indiana, Porter, Crown Point, 1797 Forest Lane), CITIZENSHIP (USA), RACE (White), EDUCATION (12), FATHER'S NAME (Peter Rolla), MOTHER'S NAME (Lucy Ballatore), INFORMANT'S NAME (Barbara A. Rolla), MAILING ADDRESS (1797 Forest Lane, Crown Point, IN 46307), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (January 14, 1995, Holy Sepulchre Cemetery, Worth, Illinois), EMBALMER'S NAME (Phillip Panozzo), LICENSE NUMBER (111. 034009801), FUNERAL DIRECTOR'S SIGNATURE (Anthony S. Rendina), LICENSE NUMBER (FD01010402), FUNERAL HOME (Panozzo Funeral Home, 530 W. 14th St. Chicago, Ill.), IMMEDIATE CAUSE OF DEATH (Colon Cancer), CERTIFIER (R. S. Drasz), MEDICAL LICENSE NUMBER (01031484), DATE SIGNED (January 12, 1995), HEALTH OFFICER'S SIGNATURE (Ray E. Drasga, MD), DATE FILED (January 12, 1995), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT? (No).

DECEASED

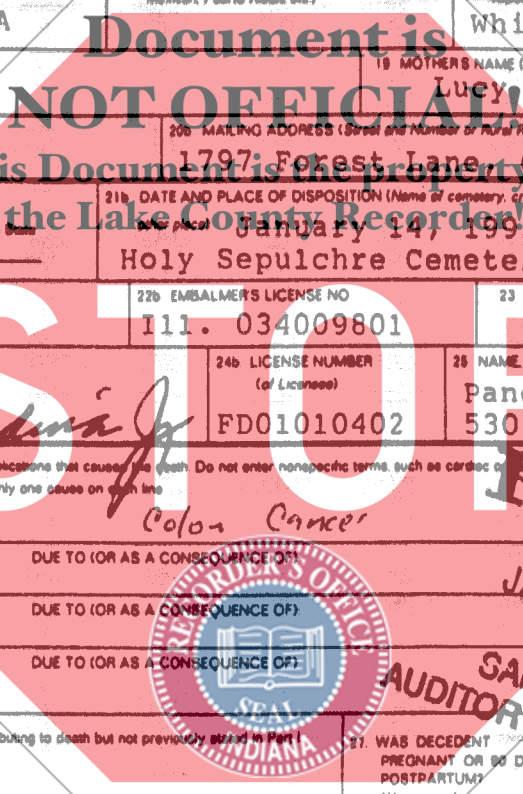
PARENTS INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



Vertical stamp: 'MARRIAGE & CIVIL SERVICE DIVISION LAKE COUNTY RECORDER' and 'STATE OF INDIANA LAKE COUNTY RECORDER'. Includes date stamp 'FEB -1 AM 9:15'.

Red stamp: 'FILED JAN 30 1995 SAM OF IND. AUDITOR LAKE COUNTY INDIANA'.

Handwritten note at bottom: 'Pinkerton + Friedman 9245 Columet Ave Suite 601 Muncie 46320'.