

Jean Frigo, 5005 W. 89th Pl. P.O. 46307
INDIANA STATE BOARD OF HEALTH

Local No. 253-88

CERTIFICATE OF DEATH

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING
PHYSICIAN ONLY

ITEMS 24-26 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

CAUSE OF
DEATH

SEE INSTRUCTIONS

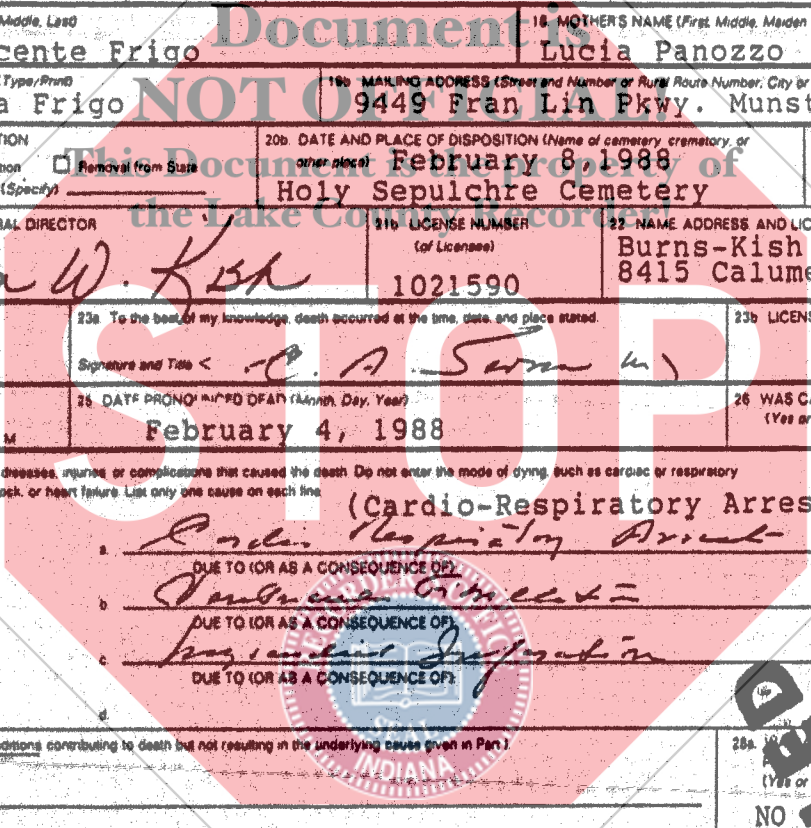
CERTIFIER

HEALTH
OFFICER

CORONER OR
MEDICAL
EXAMINER USE
ONLY

| | | | | | |
|--|--|---|--|---|---|
| 1. DECEASED—NAME FIRST MIDDLE LAST LOUIS FRIGO | | | | 2. SEX MALE | 3. DATE OF DEATH (Mo. Day, Yr.) FEB. 4, 1988 |
| 4. SOCIAL SECURITY NUMBER 334-24-9951A | | 5a. AGE—Last Birthday (Years) 82 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Month, Day, Year) DEC. 13, 1905 |
| 7. BIRTHPLACE (City and State or Foreign Country) Illinois | | 8. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A | | | |
| 9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) | | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL | | | 9c. CITY, TOWN OR LOCATION OF DEATH MUNSTER | | 9d. COUNTY OF DEATH LAKE |
| 10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married | | 11. SURVIVING SPOUSE (If wife, give maiden name) Victoria Pesavento | | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Proprietor | |
| 12b. KIND OF BUSINESS/INDUSTRY Fuel Oil Distributor | | 13a. RESIDENCE—STATE INDIANA | | 13b. COUNTY LAKE | |
| 13c. CITY, TOWN, OR LOCATION MUNSTER | | 13d. STREET AND NUMBER 9449 FRANLIN PKWY 2 | | | |
| 13e. INSIDE CITY LIMITS? (Yes or no) yes | | 13f. FARM no | | 13g. ZIP CODE 46321 | |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) No | | 15. RACE—American Indian, Black, White, etc. (Specify) White | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) N/A | |
| 17. FATHER'S NAME (First, Middle, Last) Innocente Frigo | | | 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lucia Panozzo | | |
| 19a. INFORMANT'S NAME (Type/Print) Lucia Frigo | | 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9449 Fran Lin Pkwy. Munster, IN 46321 | | 19c. Relationship Wife | |
| 20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 8, 1988 Holy Sepulchre Cemetery | | 20c. LOCATION—City or Town, State Worth, Illinois | |
| 21a. SIGNATURE OF FUNERAL DIRECTOR <i>Kevin W. Kish</i> | | 21b. LICENSE NUMBER (of Licensee) 1021590 | | 22. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Homes #300-4968 8415 Calumet Ave. Munster, IN | |
| 23a. Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death. | | 23b. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title < <i>C. A. Serina</i> > | | 23c. LICENSE NUMBER 1021590 | |
| 23d. DATE SIGNED (Month, Day, Year) Feb. 8, 1988 | | 24. TIME OF DEATH 9:49 A.M. | | | |
| 25. DATE PRONOUNCED DEAD (Month, Day, Year) February 4, 1988 | | 26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) NO | | | |
| 27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Cardio-Respiratory Arrest) a. <i>Cardio-Respiratory Arrest</i> b. <i>Myocardial Infarction</i> c. <i>Myocardial Infarction</i> | | | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | |
| 28a. AUTOPSY PERFORMED? (Yes or no) NO | | 28b. WERE AUTOPSY FINDINGS AVAILABLE FOR TO COMPLETELY CAUSE OF DEATH? (Yes or no) NO | | | |
| 29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 2. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> 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) and manner as stated. | | 29b. SIGNATURE AND TITLE OF CERTIFIER <i>C. A. Serina</i> | | 29c. LICENSE NUMBER 19325 | |
| 29d. DATE SIGNED (Month, Day, Year) February 8, 1988 | | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) CARLOS A. SERNA, M.D., 2342 RIDGE ROAD, HIGHLAND, IN 46322 | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Carlos A. Serina</i> | | | | 32. DATE FILED (Month, Day, Year) FEB 8, 88 | |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide | | 34a. DATE OF INJURY (Month, Day, Year) | | 34b. TIME OF INJURY | |
| 34c. INJURY AT WORK? (Yes or no) | | 34d. DESCRIBE HOW INJURY OCCURRED 000777 | | | |
| 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) | | |

Vertical text on the left margin: "TYPE/PRINT IN PERMANENT BLACK INK", "DECEDENT", "PARENTS", "INFORMANT", "DISPOSITION", "PRONOUNCING PHYSICIAN ONLY", "CAUSE OF DEATH", "SEE INSTRUCTIONS", "CERTIFIER", "HEALTH OFFICER", "CORONER OR MEDICAL EXAMINER USE ONLY".



Vertical stamp on the right margin: "FILED MAY 10 1988 LAKE COUNTY INDIANA" and "MUNSTER LAKE COUNTY" with a circular seal.

Handwritten initials and date: "900 1/28 1/28"