

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1037-97

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

119012
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Alphonse J. Normant		2 SEX Male	3a TIME OF DEATH 7:00p.	3b DATE OF DEATH (Month Day Year) May 17, 1997		
4 SOCIAL SECURITY NUMBER 323-05-2334	5a AGE—Last Birthday (Year) 82	5b UNDER 1 YEAR Months Days 0 0	5c UNDER 1 DAY Hours Minutes 0 0	6 DATE OF BIRTH (Mo Day Yr) October 5, 1914	7 BIRTHPLACE (City and State or Foreign Country) Chicago, Ill.	
8a WAS DECEDENT A U.S. VETERAN? No	8b 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 type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b FACILITY NAME (If not mentioned give street and number) 2607 Knollwood Drive		9c CITY, TOWN, OR LOCATION OF DEATH Crown Point	9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Valerie Miknis	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Application Engineer	12b KIND OF BUSINESS/INDUSTRY Crane Industries			
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Crown Point	13d STREET AND NUMBER 2607 Knollwood Drive			
13e ZIP CODE 46307	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2	
18 FATHER'S NAME (First Middle Last) Julius Normant		19 MOTHER'S NAME (First Middle, Maiden Surname) Harriet Antanaitis				
20a INFORMANT'S NAME (Type/Print) Valerie C. Normant		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2607 Knollwood Dr. Crown Point, IN		20c Relationship Wife		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 21, 1997 St. Casimir Cemetery		21c LOCATION—City or Town, State, Zip Code Chicago, Ill. 60655		
22a EMBALMER'S NAME Frank Leonard		22b EMBALMER'S LICENSE NO. IL. 034-010273		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) FD01010402		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Panozzo Funeral Home I10340096 530 W. 14th St. Chicago, Hgts.		
26 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) DUE TO (OR AS A CONSEQUENCE OF)		27 THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH OR VILE WITH THE LAKE COUNTY HEALTH DEPT. MAY 20 1997				
Conditions if any which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF)		28 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27 WAS DECEDENT PREGNANT OR POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS MISSIONABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated <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) as stated <input type="checkbox"/> 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		29b SIGNATURE AND TITLE OF CERTIFIER <i>Khan</i>		29c MEDICAL LICENSE NO. 01030584		
29d DATE SIGNED (Month Day Year) 5/28/97		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. A. KAHN 1201 50th MAIN ST CROWN POINT IN				
31 HEALTH OFFICER'S SIGNATURE <i>Alphonse J. Normant</i>		32 DATE FILED (Month Day Year) May 20, 1997				
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		33a DATE OF INJURY (Month Day Year)	33b TIME OF INJURY	33c INJURY (Specify) (Yes or no)	34 DESCRIBE HOW INJURY OCCURRED 000472	
34a PLACE OF INJURY—At home farm street factory office building, etc. (Specify)		34b 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.				

10-70-16

FILED
JUN 06 1997
LAKE COUNTY

10365
STATE OF INDIANA
LAKE COUNTY

AP