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TTC/CP 1214822/Venditti  
Local No. 2387-92

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) <b>Lina Vellutini</b>		2 SEX <b>Female</b>		3a TIME OF DEATH <b>12:20A M</b>		3b DATE OF DEATH (Month Day, Yr) <b>November 14, 1992</b>	
4 SOCIAL SECURITY NUMBER <b>308-56-2077</b>		5a AGE—Last Birthday (Years) <b>88</b>		5b UNDER 1 YEAR Months Days <b>NOV 7, 1904</b>		5c UNDER 1 DAY Hours Minutes <b>Lucca, Italy</b>	
6a WAS DECEDENT A U.S. VETERAN? <b>No</b>		6b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		6c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) <b>St. Anthony's Nursing Home</b>				9c CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Widowed</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>NONE</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Owner</b>		12b KIND OF BUSINESS/INDUSTRY <b>Restaurant</b>	
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN OR LOCATION <b>Crown Point</b>		13d STREET AND NUMBER <b>Main and Franciscan Dr.</b>	
13e ZIP CODE <b>46307</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>USA</b>		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) <b>White</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)					
18 FATHER'S NAME (First Middle Last) <b>Luigi Giovanni Morelli</b>				19 MOTHER'S NAME (First Middle Maiden Surname) <b>Palmira Pieri</b>			
20a INFORMANT'S NAME (Type/Print) <b>Alda M. Vellutini</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>700 S. Main Street, Crown Point, IN 46307</b>		20c Relationship <b>Daughter</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Enshment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>NOV 17, 1992 Maplewood Memorial Cemetery</b>			21c LOCATION (City or Town, State) <b>Crown Point, Indiana</b>		
22a EMBALMER'S NAME <b>Marty Andersen</b>		22b EMBALMER'S LICENSE NO. <b>FD01005205</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry Seiser</i>		24b LICENSE NUMBER (of Licensee) <b>FD09000013</b>		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>FD83001253 Geisen Funeral Home, Inc. 109 N East St, Crown Point, IN46307</b>			
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. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Cerebral thrombosis</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>Atherosclerotic Vascular Disease</b> DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last c. <b>COMPLETE COPY OF THIS DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.</b>							
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>NOV 16 1992</b>							
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>			
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. <b>9-19-66</b> <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>Mary D. Carroll, M.D.</i>				29c MEDICAL LICENSE NO. <b>16029</b>		29d DATE SIGNED (Month, Day, Year) <b>11/16/92</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Mary D. Carroll M. D., 124 N. Main Street, Crown Point, IN 46307</b>							
31 HEALTH OFFICER'S SIGNATURE <i>Alfred J. Williams, MD</i>				DATE FILED (Month, Day, Year) <b>November 16, 1992</b>			
33 MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		34c INJURY (Specify) <b>FILED</b>	
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>11/16/1992</b>					
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify <b>SAMORLICH etc.</b>			

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
97 DEC - 3 AM 1992

AUDITOR LAKE COUNTY 0001205