pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

450 W. Lincoln Hwy

CERTIFICATE OF DEATH

Local No. 2049-97 47104

State No. Sch. 46378 27

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First Middle Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month Day Yr)
MARCELLA CUNICO	FEMALE	11:05 P	OCTOBER 3, 1997

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day Yr)	7. BIRTHPLACE (City and State or Foreign Country)
335 18 5372	74			AUG 9, 1923	BENTON, ILLINOIS

8a. WAS DECEDENT A US VETERAN? NO

8b. YEAR LAST SERVED IN US ARMED FORCES? -

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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
7943 - 82nd Court WEST	CROWN POINT	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	NARCISSUS CUNICO	SECRETARY	BROKERAGE HOUSE

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	CROWN POINT	7943 - 82nd Court WEST

13e. ZIP CODE 46307

13f. INSIDE CITY LIMITS ☒ No ☐ Yes

13g. ON A FARM? ☒ No ☐ Yes

14. CITIZEN OF WHAT COUNTRY? USA

15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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+)

PARENTS

18. FATHER'S NAME (First Middle Last)	19. MOTHER'S NAME (First Middle Maiden Surname)
JOHN MICK	STELLA PAHUSKI

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
NARSE CUNICO	7943 82nd Ct West, Crown Point, In	HUSBAND

DISPOSITION

21a. METHOD OF DISPOSITION ☒ Entombment ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) OCTOBER 7, 1997 HOLY SEPULCHRE CEMETERY

21c. LOCATION—City or Town, State WORTH, ILLINOIS

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
PHILLIP J. PANOZZO	ILL.#034-014612	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR Anthony S. Bendini Jr.

24b. LICENSE NUMBER (of Licensee) FD 01010402

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PANOZZO BROS FUNERAL HOME, INC 530 W 14th St, ChicagoHts, Il60411

CAUSE OF DEATH

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. Metastatic Carcinoma of

DUE TO (OR AS A CONSEQUENCE OF)

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

DUE TO (OR AS A CONSEQUENCE OF)

c.

DUE TO (OR AS A CONSEQUENCE OF)

d.

FILED DEC 04 1997 SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Renal Cell Carcinoma

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO

28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) —

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.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
Salman Gailani	1027970	OCT 6, 1997

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. SALMAN GAILANI, 9116 Columbia Ave, Munster, Indiana, Indiana

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE Alexander S. Williams MD

32. DATE FILED (Month, Day, Year) October 6, 1997

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

A COPY OF THE CERTIFICATE OF ... ON FILE WITH THE LAKE COUNTY ...

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)

OCT 06 1997

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

000355

Alexander S. Williams MD ... HEALTH COMMISSIONER

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

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