42829	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3									
TYPE/PRINT IN	LOUIS IACONETTI							A M APRIL 27, 1998		
PERMANENT	4. *SOCIAL SECURITY NUMBER 313-38-3649		Se AGE—Last Birthday (Years) 68		5b UNDER 1 YEAR Months Days	SE UNDER I DAY 6 D	ATE OF BIRTH (Ma. Day, VA. ANUARY 27, 19	7 BIRTHPLACE (City and State or Foreign Country)		
BLACK INK	8a WAS DECEDENT		86 YEAR LAST SERVED IN U.S. ARMED FORCES?				ACE OF DEATH (Check only o		See netructions)	
	YES		1955		HOSPITAL Inputs	ADStient DOA	OTHER ONLINE WO DO NOT THE PROPERTY OF THE PRO		J. RILEY MEMORIAL RESIDEN	
DECEDENT	W.J.RILEY MEMORIAL RESIDENCE								LAKE	
	MARRIED		11. SURVIVING SPOUSE (If wife, give maider name) CHARLOTTE SPA			SCHOOL TEAC	DENT'S USUAL OCCUPATION (Give kind of work suring most of working life De not use restred) DOL TEACHER RETIRED		EDUCATION	
	130 RESIDENCE—STATE INDIANA		136 COUNTY LAKE		CEDAR LAK	うりんしょ かんげん はい 準さ 野に	134. STREET AND NO. 11626. W.		umera 115th.PL.	
	13e ZIP CODE	134 INSIDE CIT	Y LIMITS 1	4 CITIZEN OF	15. WAS DECEDENT	F HISPANIC ORIGIN?	16. RACE-American Indian.	17 DEC	EDENT'S EDUCATION	
	46303	13g ON A FAR	M7	U.S.A.	Mexican. Puerto Ri	re (If yes specify Cuban. can. etc.)	Black White etc. (Specify) WHITE	Elementary/Secondar	y (0-12) College (1-4 or 5 *) 4+	
PARENTS	18 FATHERS NAME (First Models Last) SAM IACONETTI  DOCUMENT 19 MOTHERS NAME (First Models Morden Surname) NARDI									
INFORMANT	20s. INFORMANTS NAME (Type/Print)  20s. MAILING ADDRESS (Speet and Number or Rural Route Number City or Town State Zip Code)  20c. INFORMANTS NAME (Type/Print)  20c. INFORMANTS NAME (Type/Pri									
		F DISPOSITION Cremetion Diher (Speci	Z-1 1 19 4 1 1	minhis Do of from Signs the I	other place)	of disposition (Name of a PRIL 29, 199)  nty Record	8	21s LOCATION—City CROWN PO	or Town State INT, INDIANA	
DISPOSITION  CAUSE OF DEATH	22a EMBALMER NONE	S NAME			226 EMBALMERS	LICENSE NO	23. WAS DEATH REPO	The same of the Same		
	244 SIGNATURE	OF FUNERAL DI	RECTOR	zho	24b U	1 (108300)	25 NAME ADDRESS AND LINCOLN RIDGE 7607 W.LINCOL	FUNERAL H	ERAL HOME	
	CO		heart feiture	had only one couse on	each han	or nonspecific terms such as co		ald.	Approximete Interval Between Onset and Death	
	IMMEDIATE CAU disease or condoc resulting in death)	SE IF (NE )		I COLOR	OR AS A CONSEQUENC					
	Conditions if any rise to the invisedu stating the underly	No cause	88 19	<b>**</b>	or as a consequence		UJN 02			
	<u> </u>	leyn-la	Min				SAM OR	- ACUSETY		
Marke Landing and a Commercial					ut not previously stated in	PREGNANT	OH-SC DAYS PERFOR	(A)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
	29a CERTIFIER (Check only	Company of the second	ERTIFYING P				d place and due to the cause(s)			
	one)	- 1 T		CER On the basis of a	/ / /	July 14 strand SERGO	curred at the time, date, and place, and cut the time, date, and court the time, date, and court the time.			
CERTIFIER	296 SIGNATURE	AND TITLE OF C	CERTIFIER	Dorl	ra a		29c MEDICAL LICENS	D 294 C	ATE SIGNED (Month Day Year)	
	30 NAME AND A	DORESS OF PER	ason who	OMPLETED CAUSE CSQ1	OF DEATH ((TEM 26) (Ty	307 G/	unet M	lunster	1 IN 4630	
OFFICER	31 HEALTH OFFICERS SIGNATURE WEYANDS & WILKERS, MD							ď	ATE FILED (Month Day, Year)	
	33 MANNER OF I	Pending		34s DATE OF INJURY (Manth Day, Year		34c INJURY AT WOR (Yes or no)	IK? 34d DESCRIBE H	OW INJURY OCCURRED		
	Accident Could not b			34e PLACE OF INJUI building, etc. (Spec	RYAt home (arm. street city)	factory office	34F LOCATION (Street and Nu	mber or Rural Route Num	ber. City or Town, State)	
	☐ Homicide			열 없는 생물을 보고 있다.	A Company of the Comp					