

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

State No. ... Donald O'Dell P.O. Box 128 Lowell 46356

Local No. ... 0990-98

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

42829 TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (LOUIS IACONETTI), SEX (MALE), TIME OF DEATH (8:55 A.M.), DATE OF DEATH (APRIL 27, 1998), SOCIAL SECURITY NUMBER (313-38-3649), AGE (68), BIRTH DATE (JANUARY 27, 1930), BIRTHPLACE (CLINTON, INDIANA), PLACE OF DEATH (W.J. RILEY MEMORIAL RESIDENCE), FACILITY NAME, CITY/TOWN (MUNSTER), COUNTY (LAKE), MARRIAGE STATUS (MARRIED), SURVIVING SPOUSE (CHARLOTTE SPARKS), OCCUPATION (SCHOOL TEACHER RETIRED), RESIDENCE (CEDAR LAKE), CITIZENSHIP (U.S.A.), RACE (WHITE), EDUCATION (4+), FATHER'S NAME (SAM IACONETTI), MOTHER'S NAME (MARY NARDI), INFORMANT (CHARLOTTE J. IACONETTI), DISPOSITION (CREMATION), EMBALMER'S NAME (NONE), FUNERAL HOME (LINCOLN RIDGE FUNERAL HOME), CAUSE OF DEATH (METASTATIC NEUROBLASTOMA), CERTIFIER (ALEXANDER S. HILTONS), HEALTH OFFICER (NITIN SARDESAI), MANNER OF DEATH (NATURAL), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK, DESCRIBE HOW INJURY OCCURRED, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Document NOT this Document of the Lake County Recorder!

FILED

SAM ORLICH

LAKE COUNTY

900 SW #3375