

STUCC

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 0643-99

State No. [arrow]

Atty Donald R. O'Dell
Special Account
P.O. Box 128
Lowell, IN 46356

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | |
|---|---|---|---|--|
| 1 DECEASED—NAME (First Middle Last) IVAN (IZEO) ZANELLATO | | 2. SEX MALE | 3a. TIME OF DEATH 7:40 AM | 3b. DATE OF DEATH (Month Day, Yr) MARCH 15, 1994 |
| 4. *SOCIAL SECURITY NUMBER 314-24-1512 | 5a. AGE—Last Birthday (Years) 66 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo, Day, Yr) SEPT. 20, 1927 |
| 7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS | 8a. WAS DECEDENT A U.S. VETERAN? YES | | | |
| 8b. YEAR LAST U.S. ARMED SERVICES 1947 | 8c. PLACE OF DEATH (Check only one. See instructions) 990183268 HOSPITAL <input checked="" type="checkbox"/> Inpatient ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Residence <input type="checkbox"/> | | | |
| 9a. FACILITY NAME (If not institution, give street and number) ST. ANTHONY MEDICAL CENTER | | 9b. CITY, TOWN OR LOCATION OF DEATH CROWN POINT | | 9c. COUNTY OF DEATH LAKE |
| 10. MARITAL STATUS (Specify) MARRIED | 11. SURVIVING SPOUSE (If wife, give maiden name) LEONORA LEE STINSON | 12a. DECEDENT'S USUAL OCCUPATION (Give kind or work done during most of working life. Do not use retired) INSTRUMENT REPAIRMAN | | 12b. KIND OF BUSINESS/INDUSTRY U.S. STEEL GARY WORKS |
| 13a. RESIDENCE—STATE INDIANA | 13b. COUNTY LAKE | 13c. CITY, TOWN, OR LOCATION CROWN POINT | | 13d. STREET AND NUMBER 12311 IOWA STREET |
| 13e. ZIP CODE 46307 | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? USA | 15. WAS DECEDENT OF HISPANIC ORIGIN? <input 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+) 12 | | 18. FATHER'S NAME (First Middle Last) RAFFAELE ZANELLATO | | |
| 19. MOTHER'S NAME (First Middle, Maiden Surname) TERESA MORELLATO | | | 19. MOTHER'S NAME (First Middle, Maiden Surname) TERESA MORELLATO | |
| 20a. INFORMANT'S NAME (Type/Print) LENORA LEE ZANELLATO | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12311 IOWA ST., CROWN POINT, IN 46307 | | 20c. Relationship WIFE |
| 21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) MARCH 17, 1994 NORTHWEST IND. CREMATION SERV. | | 21c. LOCATION—City or Town, State CROWN POINT INDIANA |
| 22a. EMBALMER'S NAME N/A | | 22b. EMBALMER'S LICENSE NO. N/A | | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>James E. Burns</i> | | 24b. LICENSE NUMBER (of Licensee) 1009461 | | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home, 10101 Broadway Crown Point, In 46307 FDH83002445 |
| 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) Aspiration pneumonia MAR 17 1994 DUE TO (OR AS A CONSEQUENCE OF) a. Carcinoma of Esophagus Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. OCT 07 1989 c. FILED 6 months | | | | |
| PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I Chronic obstructive pulmonary disease | | | | |
| 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 COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A |
| 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>J.A. Kacmar</i> | | | 29c. MEDICAL LICENSE NO. 01027088 | 29d. DATE SIGNED (Month, Day, Year) 3-16-94 |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Joseph Kacmar, 123 N. Court, Crown Point, In 46307 663-0815 | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i> | | | | 32. DATE FILED (Month, Day, Year) March 17, 1994 |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide | | 34a. DATE OF INJURY (Month, Day, Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) |
| 34d. DESCRIBE HOW INJURY OCCURRED 000524 | | 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) | | 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | | |
| 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 4900 off #3602 | | | | |