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PLAINLY WITH  
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THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A \_\_\_\_\_

B \_\_\_\_\_

STATE OF INDIANA  
LAKE COUNTY  
FILED RECORD  
OCT 19 1981  
COMMUNITY TITLE COMPANY  
FILE NO 191460

4237

LICENSE No.

Chas. W. Wells

EMBALMER'S NAME

FUNERAL HOME  
No. 245

FUNERAL DIRECTOR'S  
LICENSE No. 7237

FUNERAL DIRECTOR'S  
SIGNATURE

FUNERAL DIRECTOR'S  
SIGNATURE

Local No. 1558-81

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

1. DECEASED—NAME FIRST MIDDLE LAST EMIL P. CIONI Jr.			2. SEX Male	3. DATE OF DEATH (month, day, year) October 9, 1981
4. RACE White	5a. AGE—Last birthday (year) 50	5b. UNDER 1 YEAR DAYS HOURS MIN	6. DATE OF BIRTH (month, day, year) 1-13-1931	7. COUNTY OF DEATH Lake
7a. CITY, TOWN OR LOCATION OF DEATH Merrillville		7b. HOSPITAL OR OTHER INSTITUTION—Name of hospital or other institution and number Methodist Hospital, Southlake Camp.		7c. IF HOSP OR INST (Indicate BDA, GP, Home, Hosp, Institution, etc.) inpatient
8. STATE OF BIRTH Indiana	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	11. SURVIVING SPOUSE (name, age, maiden name) Elaine Gudino	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes
13. SOCIAL SECURITY NUMBER 315-28-1411		14a. USUAL OCCUPATION (Give full or short name during most of working life, state of residence) Barber	14b. KIND OF BUSINESS OR INDUSTRY Barber Shop	
15a. RESIDENCE—STATE Indiana		15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Merrillville	
15d. STREET AND NUMBER 53 West 68th Place		15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. INSIDE CITY LIMITS (Specify YES or NO) yes
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
16. FATHER—NAME Emil Cioni Sr.		17. MOTHER—MAIDEN NAME Mary Odorizzi		
18. INFORMANT—NAME (Type or print) Elaine Cioni		18a. RELATIONSHIP Wife	18b. MAILING ADDRESS (Street or R.F.D. no., city or town, state, zip) 53 West 68th Place, Merrillville, Indiana 46410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cemetery		19c. LOCATION (City or town, state) Merrillville, Indiana
20a. DATE (Month, day, year) October 12, 1981		20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. no., city or town, state, zip) BRUZIN FUNERAL HOME, 6360 Broadway, Merr., Ind. 46410		
21a. SIGNATURE <i>Robert T. Woodburn</i>		21b. DATE SIGNED (month, day, year) 10/19/81	21c. HOUR OF DEATH 7:10 AM	
21d. NAME OF ATTENDING PHYSICIAN (Type or print) Robert T. Woodburn M.D.		21e. MAILING ADDRESS—PHYSICIAN 8127 Merrillville Road, Merrillville, Indiana 46410		
22a. HEALTH OFFICER—SIGNATURE <i>Peen Frey M.D.</i>		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 10-19-81		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR PART I AND II) PART I (a) Mesothelioma, pleural DUE TO OR AS A CONSEQUENCE OF (b) _____ DUE TO OR AS A CONSEQUENCE OF (c) _____ PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				
24. ALZHEIMER (Specify Yes or No) no				24. _____

HETER BENJAMIN  
LAKE COUNTY AUDITOR

FILED

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