

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to determine its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
 STATE OF INDIANA
 LAKE COUNTY
 CERTIFICATE OF DEATH FILED FOR State No.

00 0064

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

TYPE/PRINT IN PERMANENT INK

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1 DECEASED—NAME (First Middle Last) ANTHONY R. LATERZO		2 SEX MALE		3a TIME OF DEATH 12:15A		3b DATE OF DEATH (Month Day, Yr) JANUARY 21, 2000	
4 *SOCIAL SECURITY NUMBER 306-09-5417		5a AGE—Last Birthday (Years) 83		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo. Day, Yr) March 4, 1916		7 BIRTHPLACE (City and State or Foreign Country) Steger, 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) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence			
9b FACILITY NAME (If not institution give street and number) 8200 Locust Ave.			9c CITY TOWN OR LOCATION OF DEATH Gary			9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Widowed		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) Auditor		12b KIND OF BUSINESS/INDUSTRY Government	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY TOWN OR LOCATION Gary		13d STREET AND NUMBER 8200 Locust Ave.	
13e ZIP CODE 46403		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 checked="" 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) College (1-4 or 5+) 12					
18 FATHER'S NAME (First Middle Last) Rocco Laterzo				19 MOTHER'S NAME (First Middle Maiden Surname) Antonia Laudendy of			
20a INFORMANT'S NAME (Type/Print) Robert Laterzo		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State, Zip Code) 64-2 W. 550 N. Valparaiso, IN 46383				20c Relationship Son	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) January 25, 2000 Calumet Park Cemetery				21c LOCATION—City or Town State Merrillville, Indiana	
22a EMBALMERS NAME Henry Blake		22b EMBALMER'S LICENSE NO FD1019406		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Lemuel K...</i>		24b LICENSE NUMBER (of Licensee) FD08800305		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME STILINOVICH & WIATROLIK FH830044E 7535 Taft St. Merrillville, IN 46441			
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. Carcinoma metastatic DUE TO (OR AS A CONSEQUENCE OF)							4 years
b. Sigmoid Carcinoma DUE TO (OR AS A CONSEQUENCE OF)							
c. MAR 21 2000 DUE TO (OR AS A CONSEQUENCE OF)							
d. PETER BENJAMIN LAKE COUNTY AUDITOR DUE TO (OR AS A CONSEQUENCE OF)							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Right Hemiparesis due to cerebral infarction				27 WAS DEATH PREVIOUSLY REPORTED TO CORONER? NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
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>John Scully</i>				29c MEDICAL LICENSE NO 01077621		29d DATE SIGNED (Month Day Year) 25 Jan 00	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) John Scully 8805 Broadway Merrillville, IN 46410 219-738-2081							
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32 DATE FILED (Month Day Year) JAN 27 2000	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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		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) 9507 01557 9507 9507	
34g DATE PRONOUNCED DEAD (Month Day Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc			

HOLD FOR FIRST AMERICAN TITLE