(15)						
* ATTEMPT ESTATE: The Social Security # is by a requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be not pendly for elusation.						
Local No	CX33-4	Ti C	ERTIFICATE (OF DEATH	State No	0
265816						
TYPE/PRINT IN	Veronica	Ε,	Mosc	1	le 1:43A _M	February 2, 1999
PERMANENT	4 *SOCIAL SECURITY NUMBER	Se AGE-Lest Birthday	SE UNDER I YEAR SC			BIRTHPLACE (City and State or Foreign Country)
BLACK INK	342-18-9668 2	75 Tab YEAR LAST SERVED IN	<u> </u>		JAN 9, 1924 Chicago, IL. PLACE OF DEATM (Check only one See mstructions)	
	A US VETERAN?	US ARMED FORCES?	HOSPITAL Inpetient		OTHER Nursing Home	
μ	NO Sh FACILITY NAME (If not institute	N/A	ER/Outpatient DOA		Residence N OR LOCATION OF DEATH	9d COUNTY OF DEATH
DECEDENT	St. Anthony Me	·	Crown E			Lake
Ä,	10 MARITAL STATUS 11 SURVIVING SPOUSE (Specify) (If wife give maden name)		12a DECEDENT'S USUAL		CUPATION (Give kind of working life Do not use retired)	126 KIND OF BUSINESS/INDUSTRY
UFF	Married	James A Moscat	to Ho	memaker		Own Home
S	Indiana	Lake	Crown Point		3915 W. 10	
= 5	130 ZIP CODE 131 INSIDE CU		15 WAS DECEDENT OF HIS	SPANIC ORIGIN?	16 RACE—American Indian	17 DECEDENT S EDUCATION
7.	13g ON A FAR		7 ☑No ☐ Yes Mexican Puerto Rican e	(If yes specify Cuban)	A. T.	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 *)
F TITLE INSURANCE	46307 X No C	White	VI OF	LICI	White	2
PAREN E	Walter Guettner Helen Daker 20e INFORMANT S NAME (Type/Print) James A Moscato 18 MOTHERS NAME (Free Middle Meider Surrisme) Daker 19 MOTHERS NAME (Free Middle Meider Surrisme) Daker Daker 19 MOTHERS NAME (Free Middle Meider Surrisme) Daker Daker 19 MOTHERS NAME (Free Middle Meider Surrisme) Daker					
INFORK						
·	21a METHOD OF DISPOSITION	☐ Entombment	216 DATE AND PLACE OF D			LOCATION—City or Town State
	Burial Cremation Donation Dther (Speci	Removal from State	FEB 4, 1999			Date Talles
DISPOSITION	22a EMBALMERS NAME		Maplewood Me		etery (Crown Point, Indiana
Sis-osinoi.	Ray White		FD08700086		□ ¥ ₀ □ √••	
(,)	240 SIGNATURE OF FUNERAL DIRECTOR 240 LICENSE NUMBER (of LICENSE NUMBER (of LICENSE NUMBER (of LICENSE)) 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (of LICENSE)					
	FD09000013 Geisen Funeral Home, In 109 N East St, Crown Po					Home, Inc. Crown Point, IN46307
	26 PART I Sher 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 DI TO (OR AS A CONSEQUENCE OF)					Onset and Death
CAUSE OF DEATH	resulting in death) DUE TO (OR AS A CONSEQUENCE OF)					
, `	Conditions if any which gave rise to the immediate cause		OR AS A CONSEQUENCE OF)		0	
$\mathcal{H} \stackrel{\alpha_j}{\sim}$	PART II Other significant conditions Conditions contributing to death but not previously stated in Part I PART II Other significant conditions Conditions contributing to death but not previously stated in Part I POSTPARAME COUNTY ALIDITORS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Veg or no)					
1 C						
3						
	Cararery artily descree (VIII or no) NO NO NO					
12 1	29s CERTIFIER (Check only one) HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time date and piece and due to the cause(s) as stated					
		CACNER On the basis of				
CERTIFIER	296 SIGNATURE AND TITLE OF		1		29¢ MEDICAL LICENSE NO 01031652	
CENTILEN	10 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 26) (Type Print)					
Charles J. Rebesco M. D., 1500 S. Lake Pk. Ave. Suite 405, Hoba						······································
HEALTH OFFICER	31 HERDHOFFICERS SIGNATURE 32 DATE FLED (WITH CON FREE)					
	33 MANNER OF DEATH	34e DATE OF INJUF	1 1	34c INJURY AT WORK (Yes or no)	34d DESCRIBE -OW	INJURY OCCURRED
	Natural Pending Investigation	,			"	2008
	Accident Suicide Could not b	34n FLAUE OF INJU	IRY — At home farm street facto acity)	ory office 3	4F LOCATION (Street and Number	r or Aur Affect Congres Try Congress States
	Momicide 34g CATE PRONOUNCED DEAD	CAANNIN CAN VANIL TAIL MOTO	OR VEHICLE ACC-DENT' (Yes	or not. However, and the	NAV GALLANGEY COMMON TO THE	76. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	SA CHIE SHOWOONCED DEAD	Jan MUEC	W VEHICLE MODILIENT 1 1785	ол пол плуча зрес пу о л	अवक्रवापुर्वा वृद्धवास्थित होट ्र फ	A TOP ON THE STATE OF THE STATE