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

920020312
TICOR C.P. (7)

Local No. 12 cc's +Vet 1820-01

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. TICOR CP

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED - NAME (First, Middle, Last)	ANGELO G CARAVANA
2. SEX	Male
3a. TIME OF DEATH	6:35 AM
3b. DATE OF DEATH (Month, Day, Yr.)	August 14, 2001
4. *SOCIAL SECURITY NUMBER	309-14-9467
5a. AGE - Last Birthday (Years)	80
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo., Day, Yr.)	April 26,1921
7. BIRTHPLACE (City and State or Foreign Country)	CHICAGO Illinois
8a. WAS DECEDENT A U.S. VETERAN?	Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1946
PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	1614 W 96TH AVE
9c. CITY, TOWN, OR LOCATION OF DEATH	CROWN POINT
9d. COUNTY OF DEATH	LAKE
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	MARY ANN LEONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	Supervisor
12b. KIND OF BUSINESS/INDUSTRY	US STEEL SHEET & TIN
13a. RESIDENCE - STATE	Indiana
13b. COUNTY	LAKE
13c. CITY, TOWN OR LOCATION	CROWN POINT
13d. STREET AND NUMBER	1614 W 96TH AVE
13e. ZIP CODE	46307
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
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+)	N/A

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	ANTHONY CARAVANA
19. MOTHER'S NAME (First, Middle, Maiden Surname)	ANTONIA NOT AVAILABLE

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	MARY ANN CARVANA
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1614 W 96TH AVE, CROWN POINT, IN 46307
20c. Relationship	WIFE

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	August 17, 2001 Calumet Park Cemetery
21c. LOCATION - City or Town, State	Merrillville, Indiana
22a. EMBALMER'S NAME	CRAIG B. MALONE
22b. EMBALMER'S LICENSE NO.	FD01022392
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	James T Burns
24b. LICENSE NUMBER (of Licensee)	FD01009461
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	BURNS FUNERAL HOME & FH83002445 10101 Broadway, Crown Point, Indiana 46307-8801

CAUSE OF DEATH

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. Cardiomyopathy

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

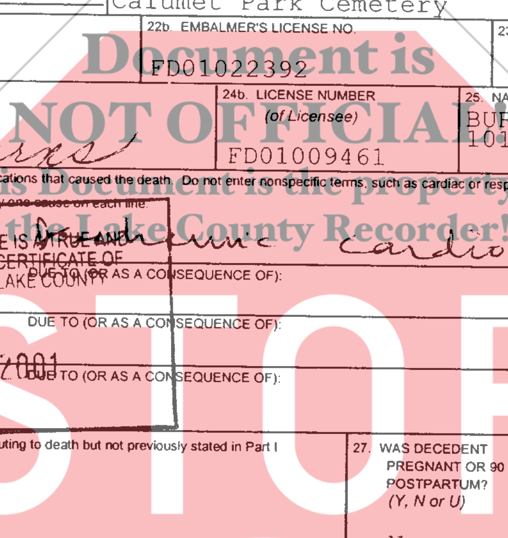
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

Field	Entry
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U)	No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT
AUG 17 2001

FILED
2002 13
PETER BENJAMIN
LAKE COUNTY AUDITOR



Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	V. R. Gandra
29c. MEDICAL LICENSE NO.	01029999
29d. DATE SIGNED (Month, Day, Year)	8/16/01
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	DR. V. GANDRA 1205 S. MAIN CROWN POINT, IN 46307

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Susan W Burt D.O.
32. DATE FILED (Month, Day, Year)	August 17, 2001

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)	August 14, 2001
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.	

000723

9.00 P
Ti

SDH06-004