

\* ATTENTION ESTATE Security # is being requested by this in order to pursue its statutory rest. disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

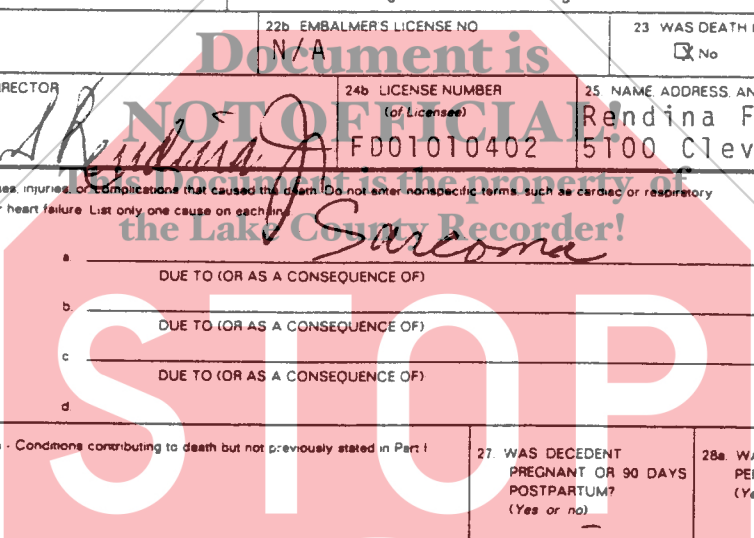
State No. ....

Local No. 243-79

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

#119063  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>MABEL ANN JOSEPH</b>			2 SEX <b>Female</b>		3a TIME OF DEATH <b>9:00a</b>		3b DATE OF DEATH (Month, Day, Year) <b>December 8, 1999</b>		
4 *SOCIAL SECURITY NUMBER <b>309-22-7660</b>			5a AGE—Last Birthday (Year, Month, Minute) <b>7002 060101</b>		5b UNDER YEAR <b>060101</b>		5c UNDER DAY <b>060101</b>		
6 DATE OF BIRTH (Mo, Day, Yr) <b>2007 JUL 18 51 92 19:39</b>			7 BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>						
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a PLACE OF DEATH (Check only one. See instructions.) <b>HOSPITAL</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <b>OTHER</b> <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <b>RECORDED</b>					
9b FACILITY NAME (If not institution, give street and number) <b>4940 Hayes St.</b>			9c CITY, TOWN, OR LOCATION OF DEATH <b>Calumet Township Lake</b>			9d COUNTY OF DEATH <b>Lake</b>			
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Robert Joseph</b>		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Retired Teacher</b>		12b KIND OF BUSINESS/INDUSTRY <b>School City of Gary</b>			
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN, OR LOCATION <b>Calumet Township</b>		13d STREET AND NUMBER <b>4940 Hayes St.</b>			
13e ZIP CODE <b>46408</b>		13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>USA</b>		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) <b>White</b>		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>5+</b> College (1-4 or 5+)			18 FATHER'S NAME (First, Middle, Last) <b>John Largura</b>				
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ida Gerometta</b>		20a INFORMANT'S NAME (Type/Print) <b>Robert Joseph</b>			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4940 Hayes St. Gary, Ind. 46408</b>			20c Relationship to Decedent <b>Husband</b>	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" 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) <b>Dec. 11, 1999 Calvary Cemetery</b>			21c LOCATION—City or Town, State <b>Portage, Indiana</b>			
22a EMBALMER'S NAME <b>N/A</b>			22b EMBALMER'S LICENSE NO. <b>N/A</b>			23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony J. Rendina</i>			24b LICENSE NUMBER (of Licensee) <b>FD01010402</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In 464</b>				
26 PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Sarcoma</b>			a DUE TO (OR AS A CONSEQUENCE OF)			b DUE TO (OR AS A CONSEQUENCE OF)			
c DUE TO (OR AS A CONSEQUENCE OF)			d DUE TO (OR AS A CONSEQUENCE OF)			THIS CERTIFIES THE ABOVE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. <b>JUL 21 2000</b> <i>Alexander Williams MD</i> LAKE COUNTY HEALTH COMMISSIONER			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I			27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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>Charles Wilson</i>			29c MEDICAL LICENSE NO. <b>01031652</b>		29d DATE SIGNED (Month, Day, Year) <b>12/9/99</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>1600 S. Lake Park Avenue Hobart In 46342</b>			31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>			32 DATE FILED (Month, Day, Year) <b>December 10, 1999</b>			
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) <b>27 2002</b>		34b TIME OF INJURY <b>1904</b>		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) <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>			
34g DATE PRONOUNCED DEAD (Month, Day, Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no)			9.00 M.V. 23065			



Gilbert Blakeman  
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Highland, IN 46322