

3

600's

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 0374-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

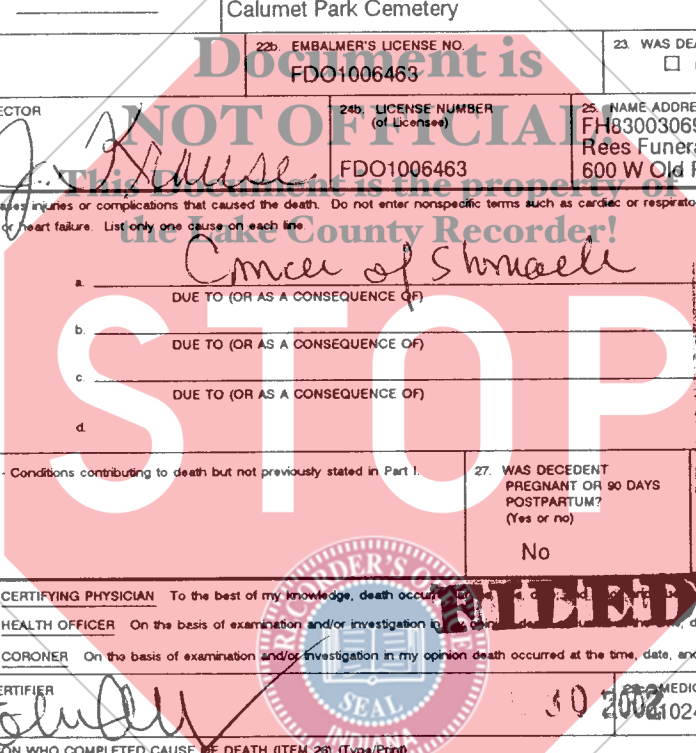
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) JOSEPH B. GLORIOSO				2. SEX Male		3a. TIME OF DEATH 12:15AM		3b. DATE OF DEATH (Month Day Yr) February 18, 2001				
4. SOCIAL SECURITY NUMBER 312-05-2777		5a. AGE - Last Birthday (Years) 86		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo Day Yr) March 1, 1914		7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) 2685 Elkhart Street						9c. CITY TOWN OR LOCATION OF DEATH Lake Station			9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Frances M. Covelli		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Grocery Store Owner				12b. KIND OF BUSINESS INDUSTRY Owner/Operator				
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Lake Station			13d. STREET AND NUMBER 2685 Elkhart Street					
13a. ZIP CODE 46405		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) <input checked="" type="checkbox"/> 10 College (1-4 or 5+) <input type="checkbox"/>		
18. FATHER'S NAME (First, Middle, Last) Salvatore Glorioso						19. MOTHER'S NAME (First, Middle, Maiden Surname) Angela Morici						
20a. INFORMANT'S NAME (Type/Print) Frances M. Glorioso				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2685 Elkhart Street, Lake Station, IN 46405				20c. Relationship Wife				
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) February 21, 2001 Calumet Park Cemetery				21c. LOCATION - City or Town State Merrillville, Indiana				
22a. EMBALMER'S NAME James J. Krause				22b. EMBALMER'S LICENSE NO. FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>				24b. LICENSE NUMBER (of Licensee) FDO1006463		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003069 Rees Funeral Home, Inc. 600 W Old Ridge Road, Hobart, IN 46342						
26. PART I Enter the disease, 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 resulting in death) Conditions if any which gave rise to the immediate cause stating the underlying cause last										Approximate Interval Between Onset and Death 3 months		
a. <u>Cancer of Stomach</u> 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)		
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) 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) No		
29a. CERTIFIER (Check only one) 2		<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 A. Mirro</i>		29c. MEDICAL LICENSE NO. 1024382		29d. DATE SIGNED (Month Day Year) 2/20/01		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) John A. Mirro MD, 8895 Broadway, Merrillville, IN 46410						31. HEALTH OFFICER'S SIGNATURE <i>Daniel L. Fortson, M.D.</i>			32. DATE FILED (Month Day Year) February 20, 2001			
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)						
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A."								



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EXHIBIT "A"

Legal Description

Lot 54, Block 3, First Subdivision to East Gary, as per plat thereof recorded in Plat Book 651, Page 82, in the Office of the Recorder of Lake County, Indiana.

Unit No. 14, Key No. 19-49-54.

ADDRESS: 2828 Decatur Street, Lake Station, Indiana 46405.

Lot 55, Block 3, First Subdivision to East Gary, as per plat thereof recorded in Plat Book 651, Page 82, in the Office of the Recorder of Lake County, Indiana.

Unit No. 14, Key No. 19-49-55.

ADDRESS: 2828 Decatur Street, Lake Station, Indiana 46405.

Lot 56, Block 3, First Subdivision to East Gary, as per plat thereof recorded in Plat Book 651, Page 82, in the Office of the Recorder of Lake County, Indiana.

Unit No. 14, Key No. 19-49-56.

ADDRESS: 2828 Decatur Street, Lake Station, Indiana 46405.

Lot 6, Block 9, First Subdivision to East Gary, as per plat thereof recorded in Plat Book 798, Page 6, in the Office of the Recorder of Lake County, Indiana.

Unit No. 14, Key No. 19-56-6.

ADDRESS: 2685 Elkhart Street, Lake Station, Indiana 46405.

Lot 7, Block 9, First Subdivision to East Gary, as per plat thereof recorded in Plat Book 798 Page 6, in the Office of the Recorder of Lake County, Indiana.

Unit No. 14, Key No. 19-56-7.

ADDRESS: 2685 Elkhart Street, Lake Station, Indiana 46405.

Part of the Southwest Quarter of the Southwest Quarter of Section 21, Township 36 North, Range 7 West of the 2nd Principal Meridian described as follows: Beginning at a

point 543.6 feet North of the Southwest corner of said section; thence North 74 feet; thence East 316 feet; thence South 74 feet; thence West 316 feet to the place of beginning, containing 0.54 acres, more or less, in Lake County, Indiana.

Unit No. 42, Key No. 17-277-14.

ADDRESS: 3613 S. Randolph Street, East Gary, Indiana 46405.

