

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 902-07

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED—NAME (Frank Cavato), 2. SEX (Male), 3a. TIME OF DEATH (8:07P. M), 3b. DATE OF DEATH (April 4, 2007), 4. SOCIAL SECURITY NUMBER (343-16-9802), 5a. AGE (85), 6. DATE OF BIRTH (Sept 2, 1921), 7. BIRTHPLACE (Chicago, IL), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (Unavailable), 9a. PLACE OF DEATH (Munster, IN), 9b. FACILITY NAME (8226 Baring Ave.), 9c. CITY, TOWN, OR LOCATION OF DEATH (Munster), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Rose Valco), 12a. DECEDENT'S USUAL OCCUPATION (Personal accountant), 12b. KIND OF BUSINESS/INDUSTRY (Steel), 13a. RESIDENCE—STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Munster), 13d. STREET AND NUMBER (8226 Baring Ave.), 13e. ZIP CODE (46321), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (12), 18. FATHER'S NAME (Dominic Edward Cavato), 19. MOTHER'S NAME (Veronica Talarico), 20a. INFORMANT'S NAME (Rose Cavato), 20b. MAILING ADDRESS (8226 Baring Ave. Munster, IN 46321), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Cremation), 21b. DATE AND PLACE OF DISPOSITION (April 10, 2007, Heritage Crematory), 21c. LOCATION (Portage, IN), 22a. EMBALMER'S NAME (None), 22b. EMBALMER'S LICENSE NO. (NA), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (Elder B. LaHayne), 24b. LICENSE NUMBER (FD01000857), 25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Lahayne FH 19400005 6955 South-eastern Hammond, IN for Schroeder-Lauer FH 3227 Ridge Lansing, IL 60438), 26. PART I. Enter the diseases, injuries, or complications that caused the death (Lung Cancer), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER (Philip Bonomi), 29c. MEDICAL LICENSE NO. (36 052056), 29d. DATE SIGNED (4/6/07), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Philip Bonomi, MD 1725 W. Harrison Chicago, IL 60612), 31. HEALTH OFFICER'S SIGNATURE (S. J. Butts), 32. DATE FILED (9, 2007), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. PLACE OF INJURY, 34e. LOCATION (8226 Baring Ave. Munster, IN), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No).

DECEASED

PARENTS

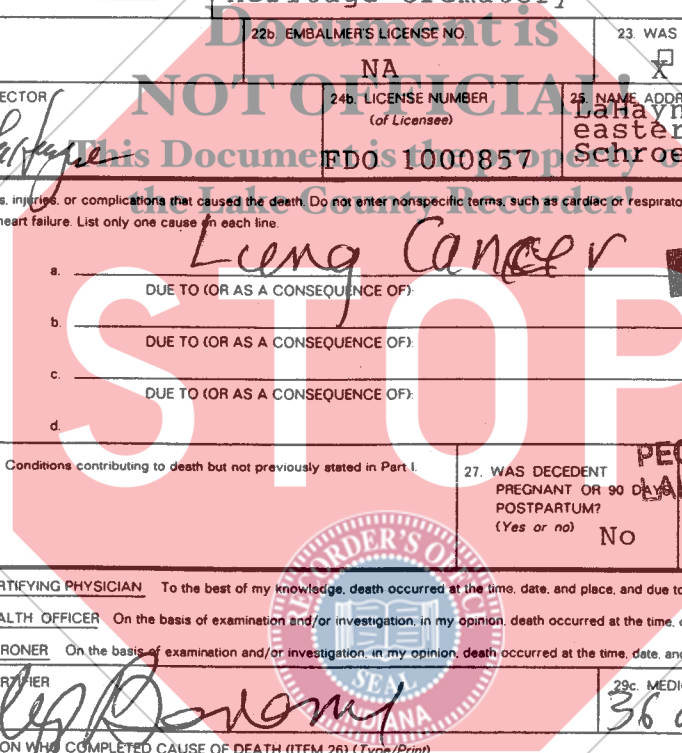
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED MAY - 1 2007

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR