

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. 1941-07

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

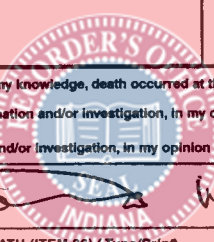
1. DECEASED—NAME (First, Middle, Last) <b>Cosimo Coniglio</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>11:35 A.M.</b>	3b. DATE OF DEATH (Month, Day, Year) <b>August 8, 2007</b>
4. *SOCIAL SECURITY NUMBER <b>200807988</b>	5. AGE—Last Birthday <b>72</b>	5c. UNDER 1 DAY: Months Days <b>72</b>	5. DATE OF BIRTH (Mo, Day, Yr) <b>January 15, 1935</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Termini Sicily, ITALY</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.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) <b>641 Sunflower Lane</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Dyer</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Maria Pollina</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Production Line Worker</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Glass Company</b>	
13a. RESIDENCE—STATE <b>IN</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Dyer</b>	13d. STREET AND NUMBER <b>641 Sunflower Lane</b>	
13e. ZIP CODE <b>46311</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) <b>Phillip Coniglio</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Rosa Pusatere</b>		20. INFORMANT'S NAME (Type/Print) <b>Maria Coniglio</b>		
21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>641 Sunflower Lane, Dyer, IN 46311</b>		20c. Relationship <b>Wife</b>		
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) <b>August 13, 2007 Assumption Cemetery</b>		21c. LOCATION—City or Town, State <b>Glenwood, IL</b>
22a. EMBALMER'S NAME: <b>Brian T. Burns</b>		22b. EMBALMER'S LICENSE NO. <b>8601763</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas Burns</i>		24b. LICENSE NUMBER (of Licensee) <b>1045184</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Home Lic # 3004968 8415 Calumet Ave. Munster, IN 46321-2521</b>
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. <b>a. X CAD</b> <b>b. DM II</b> <b>c. HTN</b> <b>d. CHF</b>				Approximate Interval Between Onset and Death
26. 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) <b>No</b>
28a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <b>No</b>				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <b>No</b>
29a. CERTIFIER (Check only one) <input 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>James Katona MD</i>		29c. MEDICAL LICENSE NO. <b>01043716</b>		29d. DATE SIGNED (Month, Day, Year) <b>Aug. ,2007</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>J Cantorna, 8437 Kennedy Ave., Highland, IN 46322</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Susan W Best</i>				32. DATE FILED (Month, Day, Year) <b>August 10, 2007</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)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)
34d. DESCRIBE HOW INJURY OCCURRED <b>AUG 10 2007</b>		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>641 Sunflower Lane, Dyer, IN</b>		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.		34i. DATE OF DEATH (Month, Day, Year) <b>11/07</b>		

Document is NOT OFFICIAL. This document is the property of the Lake County Recorder.

FILED

NOV 24 2008

PEGGY HOLINGA KATONA LAKE COUNTY RECORDER



ref. Key # 12-14-2007-38