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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2511-08 DT 900645 State No.

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Last Name (If Female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
JOHN F. ALGOZZINI		M	8:36PM	JULY 9, 2008

5. Social Security Number	6a. Age Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year)	8. Birthplace (City And State Or Foreign Country)
[redacted]-6866	78	Months	Days	Hours	Minutes	November 4, 1929	CHICAGO, ILLINOIS

9. Ever In U.S. Armed Forces? ☒ Yes ☐ No Unknown ☐

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☒ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): WILLIAM J. RILEY RESIDENCE

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
MUNSTER, INDIANA 46321	LAKE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
JOAN ALGOZZINI	STEELE	PURCHASING AGENT	ELECTRICAL

18. Residence – State	18a. County	18b. City Or Town
INDIANA	LAKE	GRIFFITH

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
347 N. LAFAYETTE ST.		46319	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
Associate degree (e.g., AA, AS)	No, not Spanish/Hispanic/Latino	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
PAUL ALGOZZINI	FRANCES ALGOZZINI	ALONGI

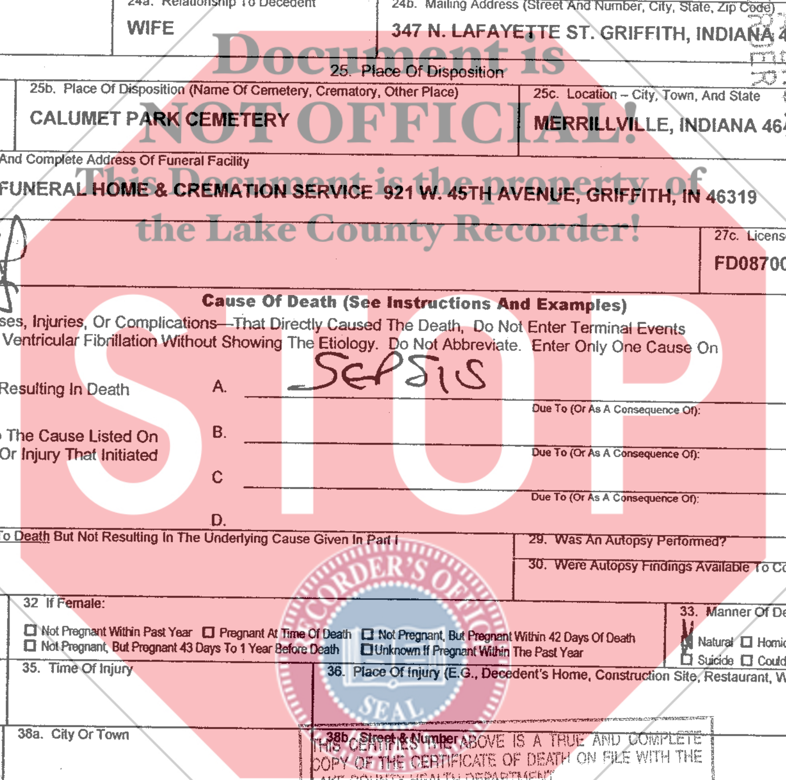
24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
JOAN ALGOZZINI	WIFE	347 N. LAFAYETTE ST. GRIFFITH, INDIANA 46319

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location – City, Town, And State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	CALUMET PARK CEMETERY	MERRILLVILLE, INDIANA 46410

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	WHITE FUNERAL HOME & CREMATION SERVICE 921 W. 45TH AVENUE, GRIFFITH, IN 46319	FH10600026

27b. Signature Of Indiana Funeral Service Licensee: [signature] — 27c. License Number (Of Licensee): FD08700086



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STOP

Cause Of Death (See Instructions And Examples)

28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death) A. SEPSIS — <30 DAYS

Due To (Or As A Consequence Of):

Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. — Due To (Or As A Consequence Of): C. — Due To (Or As A Consequence Of): D.

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

34. Date Of Injury (Month/Day/Year) — 35. Time Of Injury — 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) — 37. Injury At Work? ☐ Yes ☐ No

38. Location Of Injury - State — 38a. City Or Town — 38b. Street & Number — 38c. Apt. No. — 38d. Zip Code

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. JUL 11 2008

39. Describe How Injury Occurred

40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature Of Person Certifying Cause Of Death: [signature]

42. Certifier (Check Only One) ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R. MUNN MD 1190 N. State Rd 49 Porter IN 46304 — 44. License Number: 01031582 — 45. Date Certified: 7-10-08

46. Additional Funeral Service Provider:

48. Signature of Local Health Officer: Susan W Burt D.O.

49. For Registrar Only – Date Filed (Month/Day/Year): July 11, 2008

State Form 10110 (R7/9-07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

CHICAGO TITLE INSURANCE COMPANY

2008 089 ...

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2008 DEC -4 AM 8:53 MICHAEL A. BROWN RECORDER

FILED DEC 04 2008 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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