

7860

OR PRINT
LY WITH
DING INK
S IS A
MANENT
CORD
State Office Use

FUNERAL HOME
No. 241
FUNERAL DIRECTOR'S
LICENSE No. 1156
EMBALMER'S NAME
N. J. Geisen
FUNERAL DIRECTOR'S
SIGNATURE
N. J. Geisen

Local No. 69-0050
7860

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 111

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST
1. CHARLES OBRADOVICH

SEX 2. Male

DATE OF DEATH (MONTH, DAY, YEAR) 3. January 11, 1969

RACE 4. White

AGE—LAST BIRTHDAY (YEARS) 5a. 80

UNDER 1 YEAR MOS. DAYS 5b.

UNDER 1 DAY HOURS MIN. 5c.

DATE OF BIRTH (MONTH, DAY, YEAR) 6. 10-15-88

COUNTY OF DEATH 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH 7b. Gary

INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. YES

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Methodist Hospital

STATE OF BIRTH (IF NOT IN U.S.A.) 8. Pennsylvania

CITIZEN OF WHAT COUNTRY 9. USA

MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. WIDOWED DIVORCED 11. Leota Splittgerber

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE AT POINT OF ADMISSION. 12. 312-05-3460

SOCIAL SECURITY NUMBER 12. 312-05-3460

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Locomotive Engineer

KIND OF BUSINESS OR INDUSTRY 13b. U. S. Steel

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION 14a. Gary

INSIDE CITY LIMITS (SPECIFY YES OR NO) 14b. Yes

TOWNSHIP 14c. Calumet

FATHER—NAME FIRST MIDDLE LAST 15. Peter Obradovich

MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Unknown

INFORMANT—NAME 17a. Leota Obradovich

RELATIONSHIP 17b. Wife

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 4008 Pennsylvania, Gary, Indiana

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

IMMEDIATE CAUSE (a) Adeno Carcinoma prostatic

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b)

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) (c)

DATE & TIME OF DEATH 20. 1969

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 21a. SAMUEL RICHTER, M.D.

MAILING ADDRESS—PHYSICIAN 21b. 504 Broadway, Gary, Ind 46408

SIGNATURE OF PHYSICIAN (DEGREE OR TITLE) 21c. Samuel Richter M.D.

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial

CEMETERY, CREMATORY, FUNERAL HOME 24b. Ridgelawn Cemetery

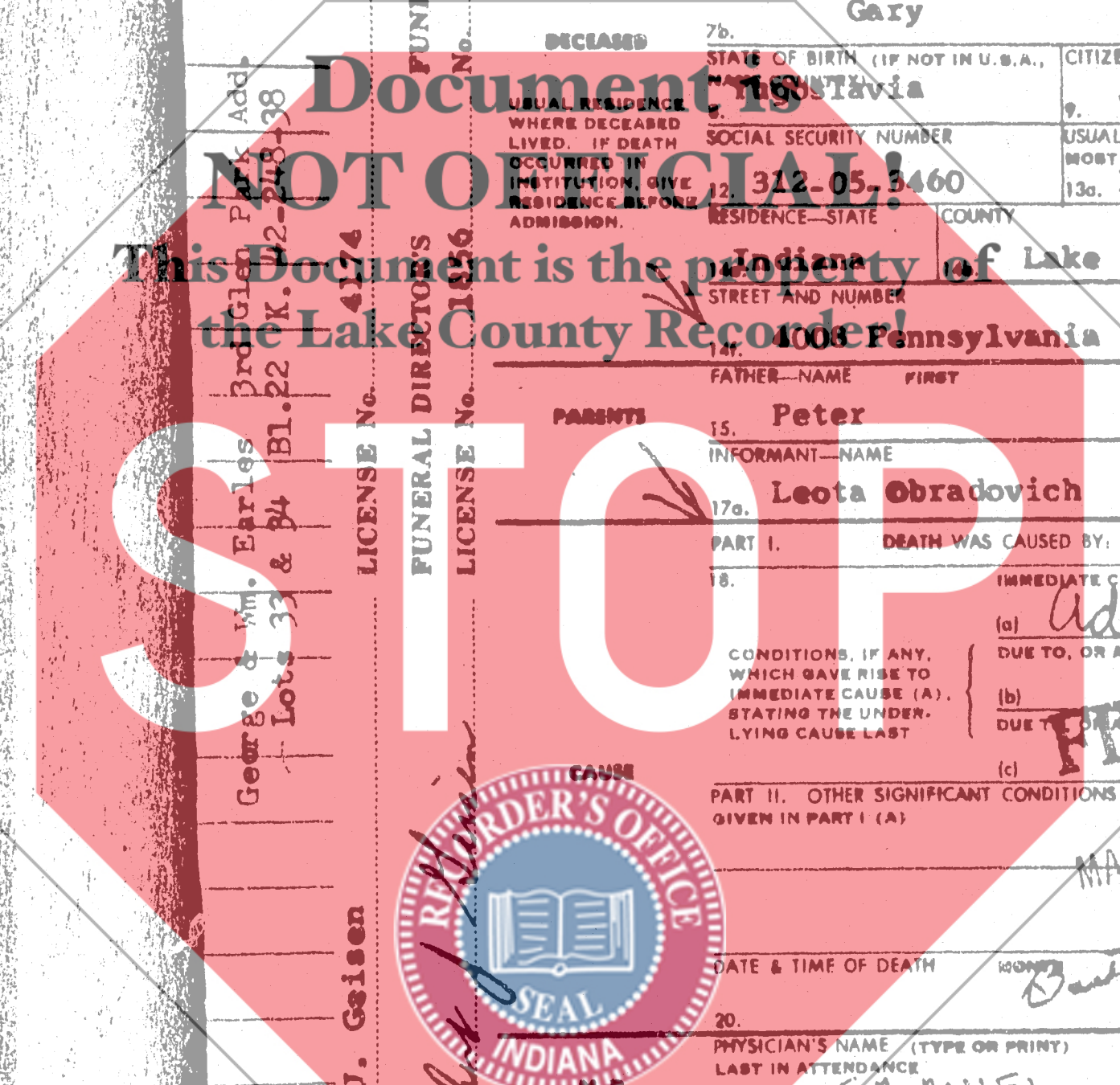
LOCATION CITY OR TOWN STATE 24c. Gary, Indiana

DATE (MONTH, DAY, YEAR) 24d. Jan. 14, 1969

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Geisen Funeral Home Inc. Gary, Indiana 46408

HEALTH OFFICER—SIGNATURE 26a. [Signature]

DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. JAN 13 1969



on Permit
National
ificate
 No

SBM 6-24-2

7860



2.0

CERTIFIED COPY
F. J. Rosinblom
HEALTH COMMISSIONER
CITY OF GARY, IND.
JAN 13 1969
DATE