

23653

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OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Reg. Dist. No. 5003 State File No. \_\_\_\_\_  
Primary Reg. Dist. No. \_\_\_\_\_ Registrar's No. 13

DECEASED—NAME First Middle Last SEX DATE OF DEATH (Month, Day, Year)  
1. PAUL MADACSI 2. MALE 3. 2-20-1929

RACE White AGE—Last birthday (years) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Month, Day, Year) COUNTY OF DEATH  
4. WHITE 5a. 31 5b. \_\_\_\_\_ 5c. \_\_\_\_\_ 6. 1898 7a. MAHONING

CITY, VILLAGE, OR LOCATION OF DEATH INSIDE CITY LIMITS (Specify yes or no) HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)  
7b. STRUTHERS 7c. YES 7d. PA. R.R. STRUTHERS YARD

STATE OF BIRTH (If not in U.S.A., name country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SURVIVING SPOUSE (If wife, give maiden name)  
8. PA. 9. USA 10. NEVER MARRIED 11. \_\_\_\_\_

SOCIAL SECURITY NUMBER WAS DECEASED, EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)  
12a. \_\_\_\_\_ 12b. \_\_\_\_\_

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.  
13a. CONDUCTOR 13b. PA. R.R.

RESIDENCE—STATE COUNTY CITY, VILLAGE OR LOCATION INSIDE CITY LIMITS (Specify yes or no) STREET AND NUMBER  
14a. OHIO 14b. MAHONING 14c. YOUNGSTOWN 14d. YES 14e. 1507 BUTLER AVE

PARENTS  
FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last  
15. JOHN MADACSI 16. THRESA KOVACS

INFORMANT—NAME MAILING ADDRESS (Street or R.F.D. no., city or village, state, zip)  
17a. THRESA MADACSI 17b. 1507 BUTLER AVE YOUNGSTOWN OHIO

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c); APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH)  
18. IMMEDIATE CAUSE (a) ACCIDENTAL CRUSHED SKULL + ABDOMEN (b) \_\_\_\_\_ (c) \_\_\_\_\_  
DUE TO, OR AS A CONSEQUENCE OF: \_\_\_\_\_  
DUE TO, OR AS A CONSEQUENCE OF: \_\_\_\_\_  
DUE TO, OR AS A CONSEQUENCE OF: \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in part I (a) AUTOPSY: IF YES, were findings considered (Yes or no) in determining cause of death  
19a. \_\_\_\_\_ 19b. \_\_\_\_\_

JU 14 1969  
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify) DATE OF INJURY (Month, Day, Year) HOUR HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18)  
20a. ACCIDENT 20b. 2 20 1929 20c. 1:15 A.M. 20d. STRUCK BY RAILROAD TRAIN

PLACE OF INJURY (At home, farm, street, factory, office, etc. (Specify)) LOCATION (Street or R.F.D. no., city or village, state, zip)  
21a. PA. R.R. STRUTHERS YARD 21b. STRUTHERS OHIO

CERTIFICATION—PHYSICIAN: I ATTENDED THE \_\_\_\_\_ TO \_\_\_\_\_ AND LAST SAW HIM/HER ALIVE ON \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED (HOUR) \_\_\_\_\_ AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.  
21a. DECEASED FROM \_\_\_\_\_ 21b. \_\_\_\_\_ 21c. \_\_\_\_\_ 21d. \_\_\_\_\_ 21e. \_\_\_\_\_

CERTIFICATION—CORONER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated. Hour of death \_\_\_\_\_ The decedent was pronounced dead \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ HOUR \_\_\_\_\_  
22a. \_\_\_\_\_ 22b. 1:15 A.M. 22c. 2 20 1929 22d. 1:15 A.M.

CERTIFIER—NAME (Type or print) SIGNATURE Degree or title DATE SIGNED  
23a. M. E. HAYES 23b. M. E. HAYES CORONER 23c. 2-20-1929

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR VILLAGE STATE ZIP  
23d. YOUNGSTOWN OHIO

BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, village, or county) (State)  
24a. BURIAL 24b. 2-22-1929 24c. CALVARY 24d. YOUNGSTOWN MAH. OHIO

NAME OF EMBALMER (LIC. NO.) FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.)  
25. JOSEPH G. VASCHAK 947A 26. JOSEPH G. VASCHAK 599

FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE) (ZIP)  
27. VASCHAK FUNERAL HOME 238 E. BOARDMAN YOUNGSTOWN OHIO

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE DATE PERMIT ISSUED SIGNATURE OF PERSON ISSUING PERMIT DIST. NO.  
28. 2-21-29 29. Vincent Radlovic 30. \_\_\_\_\_ 31. \_\_\_\_\_  
ANNE L. HATALA

TYPE OR PRINT IN PERMANENT INK

7-7-1969  
Vincent Radlovic REGISTRAR  
Dist. No. 5003

DECEASED

PARENTS

CAUSE

PHYSICIAN CERTIFIER

CORONER CERTIFIER

BURIAL

U.S. 11 5157.06 Rev. 1/48

39-308-7  
39-313-1