

23954

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23-69
D. R. Mellon

MARGIN RESERVED FOR BINDING

CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPED WRITTEN IN LEADING DOWN REGISTRAR

July 39-308-7 & 39-313-1

OHIO DEPARTMENT OF HEALTH											
DIVISION OF VITAL STATISTICS											
CERTIFICATE OF DEATH											
Reg. Dist. No. <u>23954</u> 50		Primary Reg. Dist. No. <u>5001</u>		State File No. <u>107619</u>		Registrar's No. <u>1915</u>					
1. PLACE OF DEATH c. COUNTY <u>Mahoning</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Mahoning</u>								
b. CITY OR VILLAGE <u>Youngstown</u>			c. LENGTH OF STAY (In this place)			c. CITY OR VILLAGE <u>Youngstown</u>			d. STREET (If rural, give location) ADDRESS <u>1507 Butler Ave.</u>		
4. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died at her residence</u>						d. STREET (If rural, give location) ADDRESS <u>1507 Butler Ave.</u>					
3. NAME OF DECEASED (Type or print) a. (First) <u>Mrs. Theresa</u> b. (Middle) <u>Rosa</u> c. (Last) <u>Madacsi</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 10, 1953</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>June 6, 1880</u>		9. AGE (In years last birthday) <u>73</u>		10. Under 1 Year 11 Under 24 Hrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Erdo Horvathi Zemplen M. Hungary</u>		12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME <u>Paul Kovacs</u>			14. MOTHER'S MAIDEN NAME <u>Mary Papp</u>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>---</u>			16. SOCIAL SECURITY NO. <u>---</u>			17. INFORMANT'S SIGNATURE <u>John Madacsi</u>					
18. CAUSE OF DEATH											
Enter only one cause per line for (a), (b), and (c) <small>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small>			1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH		
			ANTECEDENT CAUSES <u>Malignancy Lung</u>								
			Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.								
			DUE TO (c)								
			11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No		
21. ACCIDENT (Specify) <u>HOMICIDE</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)			21c. (CITY, VILLAGE, OR TOWN) <u>Youngstown</u>			21d. STATE <u>Ohio</u>		
21d. TIME (Month) (Day) (Year) (Hour) <u>14:49 1969</u>			21e. INJURY OCCURRED <input type="checkbox"/> While at Work <input type="checkbox"/> Not While at Work			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>8-10, 1953</u> to <u>9-10, 1953</u> and that death occurred at <u>4:40 P.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>M. H. Spence</u>			23b. ADDRESS <u>M.D. 822 Dollar Bank</u>			23c. DATE SIGNED <u>9-11-53</u>					
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>			24b. DATE <u>Sept. 14, 1953</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>			24d. LOCATION (City, town, or county) (State) <u>Youngstown Mahoning Ohio</u>		
BIRTH NO. <u>Do not write in this space</u>			NAME OF EMBALMER <u>E. C. Lynn</u>			LIC. NO. <u>4350 A</u>					
DATE REC'D BY LOCAL REG. <u>Sept. 12, 1953</u>			REGISTRAR'S SIGNATURE <u>D. R. Mellon</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Stephen J. Szabo</u>			LIC. NO. <u>2907</u>		

FILED JUL 14 1969

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUL 15 11 11 AM '69
ANDREW LANGRISH
REC'D