

49321

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6th South Broadway Add L.5 Bl 3 N2 16 Bl. 3 147-85-4
Donald H. Smith
ENTRALMERS NAME 4121
LICENSE No.
FUNERAL DIRECTOR'S LICENSE No. 364

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No. 60 0541

PLACEMENT OF DEATH
a. COUNTY Lake
b. CITY, TOWN, OR LOCATION Gary

USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)
a. STATE Indiana
b. COUNTY Lake

d. NAME OF HOSPITAL OR INSTITUTION 3817 Massachusetts St
e. IN PLACE OF DEATH INSIDE CITY LIMITS? YES NO

STREET ADDRESS 3817 Massachusetts St.
f. IS RESIDENCE INSIDE CITY LIMITS? YES NO

g. DATE OF DEATH 4 27 60
h. SEX Male
i. COLOR OR RACE White
j. MARRIAGE STATUS NEVER MARRIED WIDOWED DIVORCED

DATE OF BIRTH 5-15-1891
k. AGE 69 years
l. BIRTHPLACE Lithuania
m. CITIZENSHIP OF DECEASED USA

n. FATHER'S NAME Louis Daunora
o. MOTHER'S MAIDEN NAME Barbara (Dakota) Dounora

p. SOCIAL SECURITY NO. 306-09-4078A
q. INFORMANT'S NAME Mrs. Bernice (Daunora) Dounora
r. INFORMANT'S ADDRESS 3817 Massachusetts St- Gary, Indiana
s. RELATIONSHIP TO DECEASED wife

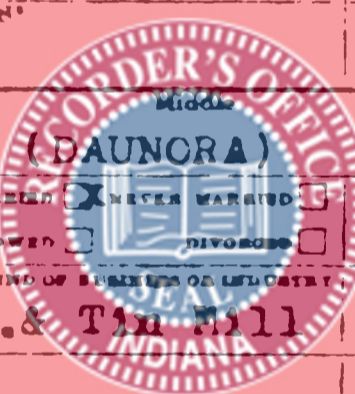
t. CAUSE OF DEATH (Enter only one cause per line)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary thrombosis
DUE TO (b) Hypertension
INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

u. ACCIDENT SCUIDE HOMICIDE 20. DESCRIBE HOW INJURY OCCURRED (If by nature of injury, so that it may be classified as a homicide)
v. TIME OF INJURY FEB 17 1970
w. PLACE OF INJURY Outing
x. ATTENDING PHYSICIAN I certify that I attended the deceased from 27 April 60 and last saw him alive on 4 April 60. I certify that he died on the date stated above, and to the best of my knowledge from the cause stated.
y. HEALTH OFFICER I certify that I investigated cause of death of deceased and find that death occurred at 27 April 60 from cause stated and on above date.

z. SIGNATURE OF ATTENDING PHYSICIAN Joseph J. Sala M.D.
aa. ADDRESS 28 April 1960 2705 Walnut Ave.

ab. REMOVAL SPECIES Burial
ac. DATE 4-30-60
ad. NAME OF CEMETERY OR CREMATORY Calumet Park Cemetery
ae. LOCATION RE Crown Point, Ind.

af. DATE REPORTED BY LOCAL HEALTH OFFICER 4-28-60
ag. SIGNATURE OF HEALTH OFFICER [Signature]
ah. FUNERAL DIRECTOR [Signature]
ai. ADDRESS 293 [Address]



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CERTIFIED COPY
C. J. Rosenbloom
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE 6-4-60

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6-4-60