

50825

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STOP

Com 130278 - *Harris*  
 Local No. *1515*

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

State No. \_\_\_\_\_  
 County No. *Lake*

1. PLACE OF DEATH  
 a. COUNTY *JULIUS*  
 b. CITY, TOWN, OR LOCATION *Gary*  
 c. Length of stay in b. *45 yrs*

2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)  
 a. STATE *Indiana*  
 b. COUNTY *Lake*  
 c. CITY, TOWN, OR LOCATION *Gary*  
 d. STREET ADDRESS *1133 Harrison St.*  
 e. IS RESIDENCE INSIDE CITY LIMITS?  YES  NO

3. NAME OF HOSPITAL OR INSTITUTION *West Side Nursing Home*  
 4. IS PLACE OF DEATH INSIDE CITY LIMITS?  YES  NO

5. NAME OF DECEASED  
 a. First *Joseph* b. Middle *E.* c. Last *Shestak*  
 d. DATE OF DEATH *Nov 3, 1966*

6. SEX *Male* 7. COLOR OR RACE *White* 8. DATE OF BIRTH *Oct 28, 1883*  
 9. AGE (in years last birthday) *83*

10a. OCCUPATION (Give kind of work done during most of working life, even if retired) *Retired Steel Worker*  
 10b. KIND OF SERVICE OR SERVICE *U.S.S.C.*

11. BIRTHPLACE (State or foreign country) *Czecho Slovakia*  
 12. U.S.A.  YES  NO

13. FATHER'S NAME *Joseph Shestak* 14. MOTHER'S MAIDEN NAME *Elizabeth Jacob*

15. SOCIAL SECURITY NO. *306-09-9511* 16. INFORMANT'S NAME *Ella Shestak*

17. INFORMANT'S ADDRESS *1133 Harrison St.* 18. RELATIONSHIP TO DECEASED *Wife*

19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 a. IMMEDIATE CAUSE (a) *Terminal Pneumonia*  
 b. *Arterio Sclerosis & Debility*  
 c. *Due to (c)*  
 INTERVAL BETWEEN ONSET AND DEATH *1 day*  
*3-5 yrs*

20. ACCIDENTAL DEATH?  YES  NO  
 21. HOMICIDE?  YES  NO  
 22. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 19.)

23. INJURY OCCURRED WHILE AT WORK?  YES  NO  
 24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

25. CITY, TOWN, OR LOCATION *Gary* COUNTY *Lake* STATE *Indiana*

26. ATTENDING PHYSICIAN: I certify that I attended the deceased from *9-1-66* to *11-3-66* and last saw him alive on *11-3-66*. Death occurred at *11-3-66 4A*.  P.M.  A.M. on the date stated above; and to the best of my knowledge, from the cause stated and on above date.

27. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred at  P.M.  A.M. from cause stated and on above date.

28. Signature of Attending Physician or Health Officer. *J. J. Duran M.D.* 29. ADDRESS *2165 W 11th Gary Ind* 30. DATE SIGNED *11-4-66*

31. FUNERAL CREMATION, AND DATE *11/7/66* 32. NAME OF CEMETERY OR CREMATORY *Calumet Park Cem.* 33. LOCATION *Crown Point, Indiana*

DATE RECD BY LOCAL HEALTH OFFICER *11-4-1966* SIGNATURE OF HEALTH OFFICER *P.J. Rosenbloom* B. FUNERAL DIRECTOR *Lach & Stilinevich* ADDRESS *Gary, Indiana*

FUNERAL DIRECTOR'S LICENSE No. *1286* LICENSE No. *5371*

Erwin D. Cook  
 Gary Land Co's with Sub. All 38 BL 10  
 44-203-37

Disposition Permit Issued  Provisional Certificate

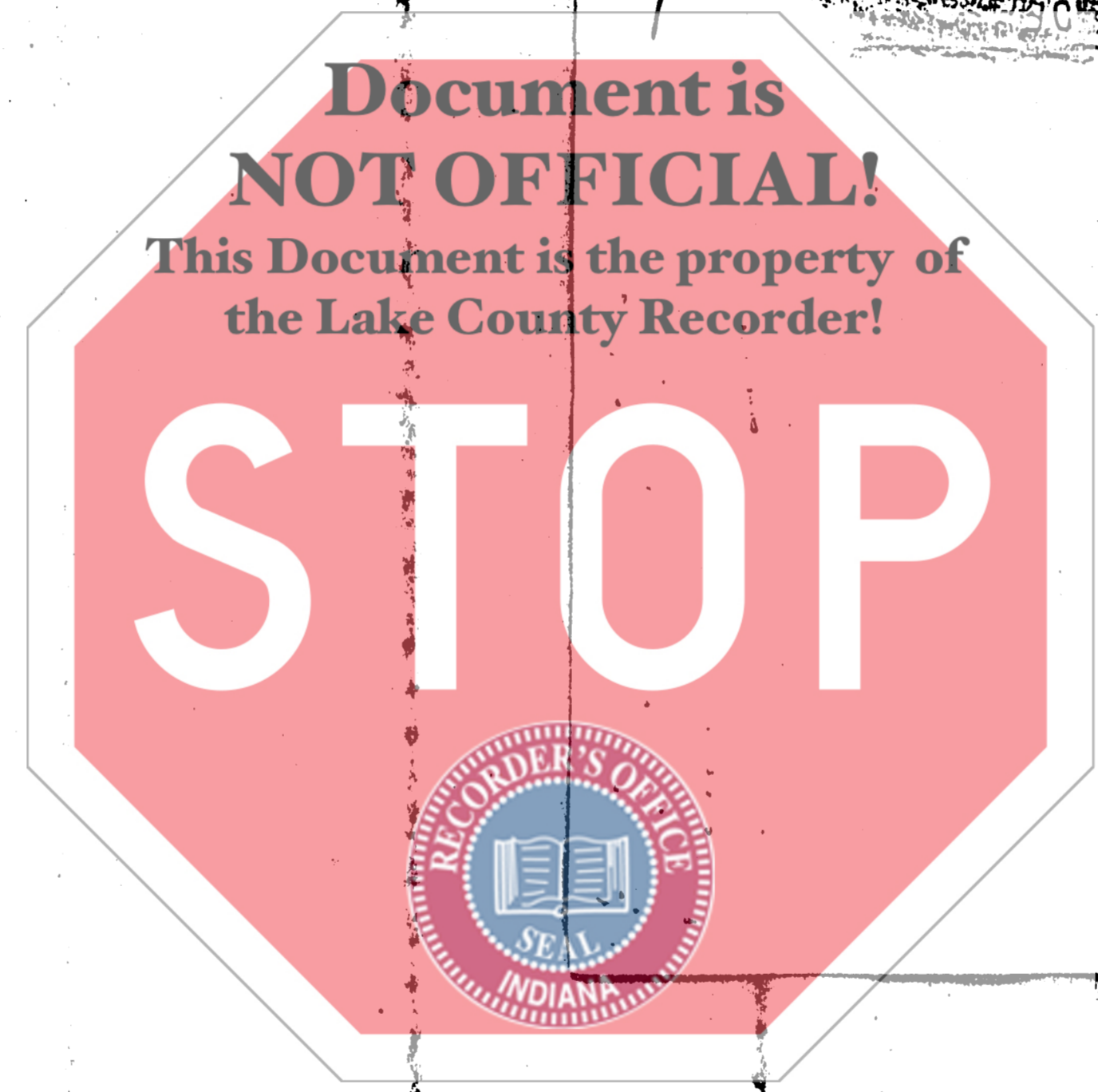
FILED

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DATE .....  
MAY 8 1968  
CITY OF GARY IND.  
RECORDED & INDEXED  
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