618758

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DIVISION OF VITAL RECORDS
Local No. 150-67 618758
MEDICAL CERTIFICATE OF DEATH
State No.

LAWYERS TITLE INS. CORP
7895 BROADWAY
MERRILLVILLE, IND 46410

1. PLACE OF DEATH: a. COUNTY: LAKE; b. STATE: INDIANA; c. CITY, TOWN, OR LOCATION: GARY; d. LENGTH OF STAY IN c: ; e. COUNTY: LAKE; f. CITY, TOWN, OR LOCATION: GARY
2. a. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 929 W. 47TH AVENUE; b. STREET ADDRESS: 929 W. 47TH AVENUE
c. IF PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒; d. IF RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐; e. IF RESIDENCE ON A FARM? YES ☐ NO ☐
3. NAME OF DECEASED (Type or print): First: MINNIE; Middle: ; Last: YURKSHAT
4. DATE OF DEATH: Month NOVEMBER Day 10, Year 1967
5. SEX: FEMALE; 6. COLOR OR RACE: WHITE; 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐; 8. DATE OF BIRTH: OCT. 23, 1884; 9. AGE (In years last Birthday): 83; If under 1 year: Months, Days; If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME MAKER; 10b. KIND OF BUSINESS OR INDUSTRY: ; 11. BIRTHPLACE (State or foreign country): ITALY; 12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: ABE; 14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service): NO; 16. SOCIAL SECURITY NO.: 313-07-9981D; 17a. INFORMANT'S NAME: FRED RUMBA
17b. INFORMANT'S ADDRESS: 4227 ELK STREET, GARY, INDIANA; 17c. RELATIONSHIP TO DECEASED: SON

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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): MYOCARDIAL INFARCTION; INTERVAL BETWEEN ONSET AND DEATH: SUDDEN
DUE TO (b): CHRONIC ARTERIOSCLEROSIS; 1 TO 3 YEARS
DUE TO (c): [illegible]
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐; 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour, Month, Day, Year, a.m., p.m.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐; 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.); 20f. CITY, TOWN, OR LOCATION: GARY; COUNTY: LAKE; STATE: INDIANA

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from 9-4-67 to 11-10-67 and last saw her/him alive on 11-10-67. Death is said to have occurred at 12 A.M. ☒ P.M. ☐ E.S.T. ☐ C.S.T. on the date stated above; and to the best of my knowledge, from the causes stated.
22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred at [illegible] ☐ E.S.T. ☐ C.S.T. from causes stated and on above date.
Signature of Attending Physician or Health Officer: P. J. POSCHIL.OM, M.D.; 23a. ADDRESS: GARY, INDIANA; 23b. DATE SIGNED: 11-11-67
24. BURIAL, CREMATION, REMOVAL: BURIAL; 25. DATE: NOV. 13, 1967; 26. NAME OF CEMETERY OR CREMATORY: OAK HILL; 27. LOCATION: GARY, INDIANA
28. SIGNATURE OF HEALTH OFFICER: A. F. GREGOLINE, M.D.; 29. FUNERAL DIRECTOR: LITTON & MC COLLY, INC., GARY, INDIANA; ADDRESS:
Nov. 13, 1967

COMPLETE COPY OF THE ORIGINAL CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
DEC 0 1980

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Pt. NW cor. NW SE Sec. 33 T36 R8, 50 ft. S by 1 blvd. 533 ft. W by 1 Hwy. 39-12 BJ-3