

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

636397

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

*Sary Hall Dr.
P.O. Box 209
Sary, In.*

Local No. 479

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

FUNERAL HOME No. 281

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D.
OR
D.O.

EMBALMER'S NAME THOMAS J. BURNS

FUNERAL DIRECTOR'S LICENSE No. 2380

FUNERAL DIRECTOR'S SIGNATURE *Thomas J. Burns*

| | | | |
|---|---|--|--|
| 1. DECEASED—NAME EILEEN MATALIN, FEMALE | | DATE OF DEATH (MONTH, DAY, YEAR) 3. SEPTEMBER 28, 1980 | |
| 4. RACE—(e.g. White, Black, American Indian, etc.) (Specify) WHITE | 5a. AGE—(Last birthday) 50 | 5b. UNDER 1 YEAR 5c. UNDER 1 DAY | 6. DATE OF BIRTH (Mo., Day, Yr.) 8-21-1930 |
| 7b. CITY, TOWN OR LOCATION OF DEATH EAST CHICAGO | 7c. HOSPITAL OR OTHER INSTITUTION—(Name if not on a list; give street and number) ST. CATHERINE HOSPITAL | | 7d. IF HOSP. OR INST. (Indicate Date of Emerg. Res., Inpatient, Oper. etc.) INPATIENT |
| 8. STATE OF BIRTH (If not in U.S.A. name country) ILLINOIS | 9. CITIZEN OF WHAT COUNTRY U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 11. SURVIVING SPOUSE (If wife, give maiden name) STEVEN MATALIN |
| 13. SOCIAL SECURITY NUMBER 334-24-3043 | 14a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) OWNER | 14b. KIND OF BUSINESS OR INDUSTRY BEAUTY SHOP | |
| 15a. RESIDENCE—STATE ILLINOIS | 15b. COUNTY COOK | 15c. CITY, TOWN OR LOCATION BURNHAM | |
| 15d. STREET AND NUMBER 14528 SAGINAW AVE. | | 15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 15f. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 16. FATHER—NAME ALBERT EMERSON | | 17. MOTHER—MAIDEN NAME IRENE | |
| 18a. INFORMANT—NAME (Type or print) STEVEN MATALIN | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 14528 SAGINAW AVE., BURNHAM, ILLINOIS | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL | | 19b. CEMETERY OR CREMATORY—FUNERAL HOME MEMORY LANE | |
| 19c. LOCATION (City or Town, State) SCHERERVILLE, IND. | | 20a. DATE (Month, Day, Year) Oct. 1, 1980 | |
| 20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) BURNS KISH, HAMMOND, INDIANA | | 21a. (Signature) <i>Saiman Gailani</i> | |
| 21b. NAME OF ATTENDING PHYSICIAN (Type or Print) SALMAN GAILANI, M.D. | | 21c. DATE SIGNED (Mo., Day, Yr.) SEPTEMBER 29, 1980 | |
| 21d. MAILING ADDRESS—PHYSICIAN 4321 FIR STREET, EAST CHICAGO, INDIANA 46312 | | 21e. HOUR OF DEATH 9:30 P. | |
| 22a. HEALTH OFFICER—SIGNATURE <i>E.A. Campagna, M.D.</i> | | 22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 10-7-80 | |
| 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART I. METASTATIC CARCINOMA, PRIMARY UNDETERMINED | | | |
| (a) DUE TO OR AS A CONSEQUENCE OF | | Interval between onset and death | |
| (b) DUE TO OR AS A CONSEQUENCE OF | | Interval between onset and death | |
| (c) DUE TO OR AS A CONSEQUENCE OF | | Interval between onset and death | |
| PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) | | | |
| 24. AUTOPSY (Specify Yes or No) NO | | | |

FILED

JUL 13 1980

Louis O. Burns

EMBALMER'S NAME THOMAS J. BURNS

FUNERAL DIRECTOR'S SIGNATURE *Thomas J. Burns*

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

Disposition Permit Issued / /
Provisional Certificate
 Yes No

Unit 8 Reg # 15-387-10

*Marion Wood
Unit # 2
20723*

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25/1