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13438-7
Gary Nat'l Bank
P.O. Box 209
Gary, Ind

259

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 36782

Below for State Office Use

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FUNERAL HOME
No. 291

FUNERAL DIRECTOR'S
LICENSE No. 1243

LICENSE No. 144

BALMER'S NAME Larry D. Anthony

FUNERAL DIRECTOR'S
SIGNATURE Gary D. Anthony

FILED LAKE COUNTY HEALTH COMMISSION

APR 16 1982

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

CAUSE

DECEASED—NAME 1. Florence Helen Matunas			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. March 6, 1982
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yr.) 5a. 67	UNDER 1 YEAR 5b. MONTHS	UNDER 1 DAY 5c. HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6. 11/30/1914
CITY, TOWN OR LOCATION OF DEATH 7b. Munster		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c. Community Hospital		IF HOSP. OR INST. Indicate DOA, OP/Emor. Rm., Inpatient (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name & country) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Bruno Matunas	
SOCIAL SECURITY NUMBER 13. 306-09-7815		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Home Maker	KIND OF BUSINESS OR INDUSTRY 14b. Own Home	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Munster		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 1711 Inner Circle		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. John F. Feigerle			MOTHER—MAIDEN NAME 17. Mary Palko	
INFORMANT—NAME (Type or Print) 18a. Bruno Matunas - Husband		MAILING ADDRESS 18b. 1711 Inner Circle, Munster, Indiana 46321		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cemetery		LOCATION 19c. Merrillville, Ind.
DATE (MONTH, DAY, YEAR) 20a. March 9, 1982		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. ANTHONY & DZIADOWICZ 9445 Calumet Ave, Munster, Ind. 46321		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) F.R. LaFollette			DATE SIGNED (Mo., Day, Yr.) 21b. 3/8/82	HOUR OF DEATH 21c. 4:30pm '82
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. F.R. LaFollette, M.D.			MAILING ADDRESS—PHYSICIAN 2450 - 169th St. Hammond, Ind.	
DEATH OFFICER—SIGNATURE 22a. Peter Frey M.D.			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 3-9-82	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 23. Carcinoma of larynx, metastatic			Interval between onset and death 4 months	
DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No) 24. No	

Disposition Permit Issued / /
Provisional Certificate
 Yes No

400/6