

667416

CERTIFIED ABSTRACT OF DEATH CERTIFICATE
GEORGIA DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SERVICE

NAME OF DECEASED (First) Joseph		(Middle) John		(Last) Zajac, Jr.		Custodian's No.	
PLACE OF DEATH (County) Gilmer		In City Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		LENGTH OF STAY (in this place)		DATE OF DEATH (Month) 2 (Day) 28 (Year) 1966	
City or Town Ellijay		Name of Hosp. or Institution		LENGTH OF STAY		USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) State Indiana County Lake City or Town Hammond In City Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> LENGTH OF STAY (in this place) Life Street Address or R.F.D. and Box No. 7520 Jarneck Street. Hmd. 46324	
SEX M	RACE W	BIRTHPLACE (State or foreign country) Hammond, Illinois		CITIZEN OF WHAT COUNTRY? U.S.A.		IS RESIDENCE ON FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
DATE OF BIRTH Dec. 15, 1936		AGE (in years) last birthday 29		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		If Married or Widowed Give Name of Spouse Theresa M. Zajac		NAME OF CEMETERY Holy Cross		LOCATION (City or Town) (County) (State) Calumet City, Cook, Ill.	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pilot		KIND OF BUSINESS OR INDUSTRY Pilot		EMBALMER'S SIGNATURE Carl W. Bernhardt, Jr.		License No. 2074	
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		SOCIAL SECURITY NO. 306-56-7585		MORTICIAN Bernhardt Funeral Home		MORTICIAN'S ADDRESS 68 River Street, Ellijay, Georgia.	
FATHER'S NAME Joseph J. Zajac, Sr.		MOTHER'S MAIDEN NAME Lottie Trzepak		INFORMANT Robert Worley (Sheriff of Gilmer Co.)		INFORMANT'S ADDRESS Ellijay, Georgia	
CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.) PLEASE PRINT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compression Fracture Skull DUE TO (b) Airplane Crash DUE TO (c)							
PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a)							
MEDICAL CERTIFICATION		PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mountain		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>		AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(CITY OR TOWN) (COUNTY) (STATE) Ellijay, Gilmer, Ga.		TIME OF INJURY (Month) (Day) (Year) (Hour) 2 28 66 7		HOW DID INJURY OCCUR?		I hereby certify that I attended the deceased from NEVER 19__ to __, 19__, that I last saw the deceased alive on never , 19__, and that death occurred at __ m., from the causes and on the date stated above.	
DATE REC'D BY LOCAL REG. 3-1-66		REGISTRAR'S SIGNATURE J. V. Dover		SIGNATURE C. Markham Berry		Degree or Title M.D.	
				ADDRESS Ellijay, Ga.		DATE SIGNED 4 Mar. 66	

STATE OF GEORGIA
VITAL RECORDS
MAY 3 1966
WILLIAM BIELSKI JR
RECORDED

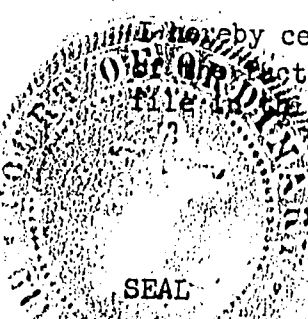
State of Georgia

County of **Gilmer**

*Unit 26 Key 36-486-36
Wisteria
N. 40 ft of S. 45 ft.
St. 36 Bk 3*

FILED

MAY 3 1982



SEAL

ADM-5:17:00

Signed *Monty J. Moulton*
Custodian of Vital Statistics Records

Date Issued **March 4th, 1966**

AUDITOR LAKE COUNTY

*45
4.00*