

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

697613

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 066

Local No. 98

Key # 30-624-34  
Public Part Unit No. 3  
Lot 84  
Key # 30-370-13  
3RD ADD Indiana  
Lot 13 1987

FEB 10 1983  
Remuda  
HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME CHARLES WELLS  
FUNERAL HOME 155  
FUNERAL DIRECTOR'S SIGNATURE May D. Fastick  
LICENSE No. 6037  
FUNERAL DIRECTOR'S LICENSE No. 960

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.

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

DECEASED—NAME FIRST MIDDLE LAST 1 Anthony Matuga			SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 2-9-83	
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 WHITE	AGE—(Last Birthday) (Year) 5a 60	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MINS 5c	DATE OF BIRTH (Mo., Day, Yr.) 6 1-15-1925	COUNTY OF DEATH 7a LAKE
CITY, TOWN OR LOCATION OF DEATH 7b HAMMOND		HOSPITAL OR OTHER INSTITUTION—(Name (if not in either, give street and number)) 7c ST. MARGARETS HOSP.		IF HOSP. OR INST., Indicate DOA, Op' Emer. Rm., Inpatient, (Specify) 7d INP.	
STATE OF BIRTH (If not in U.S.A. name country) 8 INDIANA	CITIZEN OF WHAT COUNTRY 9 U.S.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11 GENEVIEVE LOS		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year, Branch, etc.) 12 WW II
SOCIAL SECURITY NUMBER 13 316-14-9797		USUAL OCCUPATION (Give kind of work done during most of long job, specify district) 14a OIL WORKER		KIND OF BUSINESS OR INDUSTRY 14b MOBIL OIL COMP.	
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c EAST CHICAGO		STREET AND NUMBER 15d 2001 JOY LANE	IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 FIRST MIDDLE LAST 16 ANDREW MATUGA		MOTHER—MAIDEN NAME FIRST 17	
INFORMANT—NAME (Type or print) RELATIONSHIP 18 Genevieve MATUGA		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18a 2001 JOY LANE, EAST CHICAGO, IN 46310		WILLIAMS RECORDS	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a ENTOMBMENT		CEMETERY OR CREMATORY—(UNERAL HOME) 19b CALUMET PARK CEM.		LOCATION CITY OR TOWN STATE 19c MERRILLVILLE, IND.	
DATE (MONTH, DAY, YEAR) 20a 2-12-83		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b OUESKA FUNERAL HOME 3934 ELUS ST. EAST CHICAGO, IND.			
To the best of my knowledge, death occurred at the time, date and place stated (Cause stated) 21a (Signature) J. Greenwald, M.D.		DATE SIGNED (Mo., Day, Yr.) 21b 2-11-83	HOUR OF DEATH 21c 5:30 p.m.		
NAME OF ATTENDING PHYSICIAN (If not a Prime) 21d J. Greenwald, M.D.		MAILING ADDRESS—PHYSICIAN 21e 18141 Dixie Highway, Homewood, Illinois 60430			
HEALTH OFFICER—SIGNATURE 22a Remuda		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b FEB 11 1983			
IMMEDIATE CAUSE PART I (a) Cardiac arrest with Brain Damage		INTERVAL BETWEEN ONSET AND DEATH		FILED FEB 17 1983 AUDITORY (Specify Yes or No)	
(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)					

AUDITOR LAKE COUNTY