

**: WARNING:**

DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE BOROUGH OF STRATFORD IS AFFIXED HEREON.

92038932

Key# 42-260-43  
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THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF A RECORD FILED IN THIS OFFICE.

**BOROUGH OF STRATFORD**

CAMDEN COUNTY - NEW JERSEY - 08084  
OFFICE OF REGISTRAR OF VITAL STATISTICS

*Dorothy Carlson*  
DOROTHY CARLSON - REGISTRAR OF VITAL STATISTICS

1923 Noble St.  
Gary N. 46404

REG. 18  
Oct 1901  
#14024  
920106

New Jersey State Department of Health  
CERTIFICATE OF DEATH

1. NAME OF DECEASED (First, Middle, Last)										STATE USE ONLY		
WILLIAM DAYE										ROBERT CARLSON FILED FOR STRATFORD		
2. DATE OF DEATH		3. SEX	4. DATE OF BIRTH		5a. AGE - Last Birth		5b. UNDER 1 YEAR		5c. UNDER 1 DAY		6. COUNTY	
05/20/92		M	01/15/39		53		N/A		N/A		CAMDEN	
7a. SOCIAL SEC. NO.			7b. PLACE OF BIRTH (HOSPITAL)			7c. INPATIENT			7d. OTHER (Specify)			
313-36-9480			INP			<input checked="" type="checkbox"/> INPATIENT			OTHER (Specify)			
8. FACILITY NAME (if not institution, give street and no.)				9. CITY/TOWN OR LOCATIONS				10. COUNTY				
COOPER MEDICAL CENTER				CAMDEN				CAMDEN				
11a. RESIDENCE		11b. COUNTY		11c. CITY OR TOWN		11d. STREET AND NUMBER		11e. ZIP CODE		11f. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
IN		LAKE		GARY		1923 NOBLE STREET		46404		YES		
12. SURVIVING SPOUSE (If Wife, Maiden Name)			13. USUAL OCCUPATION (Kind of work done must of job, even if retired)			14. KIND OF BUSINESS OR INDUSTRY			11. MARITAL STATUS			
ALYCE BETHA			PROJECT REPRESENTATIVE			STEEL COMPANY			<input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
15. NAME AND ADDRESS OF LAST EMPLOYER												
INLAND STEEL COMPANY 301 DICKEY ROAD E. CHICAGO, IN												
16. RACE		17. AMER. INDIAN		18. HISPANIC OR LATINO		19. MEXICAN		20. PUERTO RICAN		21. CENT./SO. AMERICA		
2. BLACK		4. OTHER (Specify)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5. OTHER (Specify)		4. CENT./SO. AMERICA		12		
19. NAME OF FATHER (First, Middle, Last)						20. MAIDEN NAME OF MOTHER (First, Middle, Last)						
JESSE DAYE						ESTELLE WILLIAMS						
21a. NAME OF INFORMANT					21b. RELATIONSHIP		22. DISPOSITION					
ALYCE DAYE					WIFE		<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> OTHER (Specify)					
22a. NAME OF CEMETERY OR CREMATORY					22b. CITY OR TOWN		22c. STATE					
EVERGREEN CEMETERY					HOBART, IN		IN					
23. NAME AND ADDRESS OF FUNERAL HOME												
EUGENE J. ZALE FUNERAL HOME, INC. 712 N. WHITE HORSE PIKE, STRATFORD, NJ 08084-1196												
23b. SIGNATURE OF FUNERAL DIRECTOR						24a. SIGNATURE OF LOCAL REGISTRAR			24b. DATE RECEIVED			
<i>Raymond John Zale</i>						<i>Dorothy Carlson</i>			05/21/92			
25a. TIME OF DEATH		25b. DATE AND HOUR PRONOUNCED DEAD		25c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT TIME, DATE, AND PLACE INDICATED								
1:17P		MAY 20 1992		1:17P								
26. PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.)												
a. <i>Myocardial Infarction</i> b. <i>A B C D</i> c. d.												
26c. INTERVAL BETWEEN ONSET AND DEATH												
2. YRS												
27. IF FEMALE, WAS SHE PREGNANT AT DEATH, OR ANY TIME 90 DAYS PRIOR TO DEATH?												
NO												
28. DEATH DUE TO:												
<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED												
30a. DATE OF INJURY		30b. TIME OF INJURY		30c. INJURY AT WORK?		30d. DESCRIBE HOW INJURY OCCURRED						
		M		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
30e. PLACE		30f. HOME		30g. OFFICE BUILDING		30h. STATE						
STREET		OFFICE BUILDING		FACTORY		01187						
31a. NAME AND ADDRESS OF CERTIFIER												
Joseph M. Alley MD Cooper Hospital/UMC Camden												
31b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO CAUSES LISTED ABOVE.												
SIGNATURE OF CERTIFIER: <i>Joseph M. Alley MD</i> 31c. DATE SIGNED: 5/20/92												

STOP  
This Document is the property of the Lake County Recorder

FILED

JUN 17 1992

DATE OF DEATH  
MAY 20 1992  
1:17P  
NAME OF DECEASED AS KNOWN BY ATTENDING PHYSICIAN  
WILLIAM DAYE

STATE USE ONLY  
IND. OCC  
CAUSE  
PLACE OF ACC  
CROSS CLASS

600