INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No. 56-[illegible] 94029776 State No.

1a. PLACE OF DEATH — b. COUNTY: Lake
c. CITY, TOWN, OR LOCATION: Gary
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 5245 Adams Street
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2a. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) — b. STATE: Indiana — b. COUNTY: Lake
c. CITY, TOWN, OR LOCATION: Gary
d. STREET ADDRESS: 5245 Adams Street
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ] — IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): First: JOHN — Middle: (MATTERN) — Last: Maturkanich (Maturkanic) — 4. DATE OF DEATH: Month: Aug. — Day: 1 — Year: 1956

5. SEX: Male — 6. COLOR OR RACE: White — 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] — 8. DATE OF BIRTH: Sept. 25, 1906 — 9. AGE (In years last birthday): 49 — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sand Blast Opr. — 10b. KIND OF BUSINESS OR INDUSTRY: Taylor Forge — 11. BIRTHPLACE (State or foreign country): McKeesport, Pa. — 12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mike Maturkanich — 14. MOTHER'S MAIDEN NAME: Unknown

15. HAS DECEASED EVER BEEN IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: 311-18-3511 — 17a. INFORMANT'S NAME: Mrs. Anna Maturkanich

17b. INFORMANT'S ADDRESS: 5245 Adams Street - Gary, Indiana — 17c. RELATIONSHIP TO DECEASED: Wife

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease — 1 yr.
DUE TO (c): [illegible]
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour / Month / Day / Year — a.m. / p.m.

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from Aug 1955 to 1 Aug 56 and last saw him alive on 1 Aug 56. Death occurred at 4:00 P.M. (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.

22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred at [illegible] M (C.S.T.) from causes stated and on above date.

23a. Signature of Attending Physician or Health Officer: John T. Sams M.D. — 23b. ADDRESS: Gary Ind. — 23c. DATE SIGNED: 8/1/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Aug 4 1956 — 24c. NAME OF CEMETERY OR CREMATORY: Mt. Mercy Cem — 24d. LOCATION: Gary, Ind

DATE REC'D BY LOCAL HEALTH OFFICER: 8-2-56 — SIGNATURE OF HEALTH OFFICER: [illegible] — 25. FUNERAL DIRECTOR: Geisen Funeral Home — ADDRESS: Gary, Ind.

FILED APR 19 1994

EMBALMER'S NAME: Harold Konzelman — LICENSE No. 3671
FUNERAL DIRECTOR'S LICENSE No. 364

Aug 1-1-56 Burial Mt. Mercy Cem Gary Ind. Geisen Funeral Home

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