fcc LTIC 60306

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

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

Local No 67 0292 State No.

1. PLACE OF DEATH a. COUNTY: Lake
b. CITY, TOWN, OR LOCATION: Gary
c. Length of Stay in 1b: 2 weeks
d. NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES X NO

2. USUAL RESIDENCE a. STATE: Indiana b. COUNTY: Lake
c. CITY, TOWN, OR LOCATION: Hobart
d. STREET ADDRESS: 1218 So. 4th Street
e. IS RESIDENCE INSIDE CITY LIMITS? YES X NO
f. IS RESIDENCE ON A FARM? YES NO X

3. NAME OF DECEASED First: Michael Middle: - Last: Matsey
4. DATE OF DEATH Month Day Year: 3-1-1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X
8. DATE OF BIRTH: 10-1-1911
9. AGE (In years last birthday): 55
10a. USUAL OCCUPATION: Steelworker
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Steel
11. BIRTHPLACE: Gary, Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: [illegible] (Deceased)
14. MOTHER'S MAIDEN NAME: Mary Stefanchik
15. WAS DECEASED EVER IN U.S. ARMED FORCES: No
16. SOCIAL SECURITY NO.: 313 07 4294
17a. INFORMANT'S NAME: Mrs. Helen Matsey
17b. INFORMANT'S ADDRESS: 1218 So. 4th Street, Hobart, Indiana
17c. RELATIONSHIP TO DECEASED: Wife

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): [illegible]
DUE TO (b): [illegible]
DUE TO (c): [illegible]
INTERVAL BETWEEN ONSET AND DEATH: [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

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED.
20c. TIME OF INJURY Hour Month Day Year
20d. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. ATTENDING PHYSICIAN I certify that I attended the deceased from 1-2-66 to [illegible] and last saw him alive on March 1, 67 Death occurred at [illegible] 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 find that death occurred at ___ from causes stated and on above date

23a. Signature of Attending Physician or Health Officer: [illegible signature]
23b. ADDRESS: Hobart, Indiana
23c. DATE SIGNED: 2 March '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-4-1967
24c. NAME OF CEMETERY OR CREMATORY: Calumet Park Cemetery
24d. LOCATION: Crown Point, Ind.

DATE REC'D BY LOCAL HEALTH OFFICER: MAR 3 1967
SIGNATURE OF HEALTH OFFICER: [signature] M.D.
25. FUNERAL DIRECTOR: Gerald V. Rees
ADDRESS: Hobart, Indiana

FUNERAL DIRECTOR'S LICENSE No.

Disposition Permit Issued / Provisional Certificate Yes No

U.S. Department Health, Education and Welfare — Form Approved Budget Bureau No.

000043

FILED SEP 1996

SAM ORLICH AUDITOR LAKE COUNTY — RECORDER'S OFFICE INDIANA

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