

INDIANA STATE BOARD OF HEALTH

Division of Vital Records

CERTIFICATE OF DEATH

Local No

617

Death No

18810

Richard DeAntibus

EMBALMER'S NAME

LICENSE No. 3453

FUNERAL DIRECTOR'S LICENSE No. 1285

<p>3. PLACE OF DEATH a. COUNTY LaSalle</p>		<p>9. USUAL RESIDENCE (Where deceased lived. If institution, specify by full admission) a. STATE Indiana b. COUNTY LaSalle</p>	
<p>b. CITY (If outside corporate limits, write RURAL) OR TOWN Gary</p>		<p>c. CITY (If outside corporate limits, write RURAL) OR TOWN Gary</p>	
<p>d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Methodist Memorial Hospital</p>		<p>d. STREET ADDRESS (If rural, give location) 39th & Liverpool Road</p>	
<p>2. NAME OF DECEASED (Type or Print) a. First: NICK b. Middle: J. c. Last: CHIRILA</p>		<p>4. DATE: Month: June Day: 6 Year: 1952</p>	
<p>5. SEX: Male</p>		<p>6. COLOR OR RACE: White</p>	
<p>7. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify): Married</p>		<p>8. DATE OF BIRTH: July 28, 1888</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired): Building Contractor</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY: Building Contractor</p>	
<p>11. BIRTHPLACE (State or foreign country): Romania</p>		<p>12. CITIZENSHIP OF WHAT COUNTRY: U.S.A.</p>	
<p>13. FATHER'S NAME: John Chirila</p>		<p>14. MOTHER'S MAIDEN NAME: Mary Hade</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or only): No</p>		<p>16. SOCIAL SECURITY No. (If you give war or dates of service): None</p>	
<p>15. INFORMANT NAME AND ADDRESS: Veronica Chirila 39th & Liverpool Rd,</p>		<p>17. INTERVIEWED BY: Gary</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))</p>		<p>MEDICAL CERTIFICATION</p>	
<p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis</p>		<p>INTERVIEWED BY: Gary</p>	
<p>2. ANTECEDENT CAUSES (Marked conditions, if any, giving DUE TO (b) near to the above cause (a) stating the underlying cause last)</p>		<p>ONSET: 6 mos.</p>	
<p>3. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death): none</p>		<p>BY: Autopsy</p>	
<p>19a. DATE OF OPERATION: June 6, 1952</p>		<p>19b. MAJOR FINDINGS OF OPERATION: Coronary Thrombosis</p>	
<p>20a. ACCIDENT (Specify): None</p>		<p>20b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, highway, etc.): None</p>	
<p>20c. CITY, TOWN OR TOWNSHIP: Gary</p>		<p>COUNTY: LaSalle STATE: Indiana</p>	
<p>20d. TIME OF INJURY (Month, Day, Year, Hour, Minute): None</p>		<p>20e. HOW DID INJURY OCCUR? None</p>	
<p>21. INJURY OCCURRED (While at Work or Not While at Work): None</p>		<p>22. HEALTH OFFICER: None</p>	
<p>22a. ATTENDING PHYSICIAN: Dr. J. S. ...</p>		<p>22b. HEALTH OFFICER: None</p>	
<p>23a. Signature of Attending Physician or Health Officer: Creyer W. Koban</p>		<p>23b. ADDRESS: 729 Broadway Gary Ind</p>	
<p>23c. DATE SIGNED: 6-7-52</p>		<p>24. BURIAL, CREMATION, REMOVAL (Specify): Burial</p>	
<p>24a. DATE: June 9, 1952</p>		<p>24b. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery</p>	
<p>24c. LOCATION: Gary, Indiana</p>		<p>25. FUNERAL DIRECTOR: Lach & Stilnovich</p>	
<p>DATE REC'D BY LOCAL HEALTH OFFICER: 6-9-52</p>		<p>SIGNATURE OF HEALTH OFFICER: Wm. ...</p>	
<p>25. FUNERAL DIRECTOR: Lach & Stilnovich</p>		<p>ADDRESS: Gary, Indiana</p>	