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

65 044608

Local No. 65 1745

State No.

1. PLACE OF DEATH a. COUNTY <b>Lake</b>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <b>Indiana</b> b. COUNTY <b>Lake</b>	
b. CITY, TOWN, OR LOCATION <b>Gary</b>		c. Length of Stay in th <b>43 yrs</b>	c. CITY, TOWN, OR LOCATION <b>Gary</b>
d. NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		d. STREET ADDRESS <b>3547 Polk St.</b>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type in print) First <b>Nick</b> Middle <b>Chirila</b> Last <b>Jr.</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>29</b> Year <b>1965</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 20, 1922</b>
9. AGE (In years last birthday) <b>43</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steelworker</b>	11. BIRTHPLACE (State or foreign country) <b>Gary, Ind.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13. FATHER'S NAME <b>Nick Chirila</b>	
14. MOTHER'S MAIDEN NAME <b>Veronica Pupaza</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)	
16. RINGS OF BUSINESS OR INDUSTRY <b>U S Steel Co.</b>		17. INFORMANT'S NAME <b>Helen Chirila</b>	

Wife

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Arteriosclerosis & heart disease*

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

DUE TO (b) *Myocardial infarction suggested*

DUE TO (c) *Possible pulmonary embolus*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (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. (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  NOT WHILE AT   
WORK 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 11-8-65 to 12-29-65 and last saw alive on 9 PM 12-28 Death occurred at 4:25 A M  E.S.T.  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 find that death occurred at \_\_\_\_\_  E.S.T.  C.S.T. from causes stated and on above date.

23a. Signature of Attending Physician or Health Officer. *Ernest C. Miller M.D.*

23b. ADDRESS *6111 Harmon*

23c. DATE SIGNED *12-30-65*

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **12/31/65**

24c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cem.**

24d. LOCATION **Gary, Indiana**

DATE REC'D BY LOCAL HEALTH OFFICER **DEC 31 1965**

SIGNATURE OF HEALTH OFFICER *R. Rosenblum M.D.*

25. FUNERAL DIRECTOR **Lach & Stillinovich, Gary, Ind.**

ADDRESS

FUNERAL DIRECTOR'S LICENSE No. 1200

MEDICAL CERTIFICATION