

**CERTIFICATE OF DEATH**

67-15249

STATE OF IOWA

 State File No. **114-**

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>Iowa</b>		b. COUNTY <b>State Case</b>	
b. CITY, TOWN OR LOCATION <b>Oakdale</b>		d. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY, TOWN OR LOCATION <b>Cedar Rapids</b>	
c. NAME OF HOSPITAL OR INSTITUTION <b>State Sanatorium</b>		e. LENGTH OF STAY IN 1b		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
c. NAME OF HOSPITAL OR INSTITUTION <b>State Sanatorium</b>		d. STREET ADDRESS <b>505-5th Ave. S. E.</b>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Michael George Chartak</b>			4. DATE OF DEATH Month Day Year <b>7 25 1967</b>		
3. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-28-1916</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YR. IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bartender</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>New York</b>	
13. FATHER'S NAME <b>Michael Chartak</b>			14. MOTHER'S MAIDEN NAME <b>Natalia ? Nahostcheta</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>484-10-9510</b>		17. INFORMANT'S SIGNATURE <b>Hosp. # Add# 16540</b> <i>Melvin P. Courtney, R.R. 1</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Pulmonary Tuberculosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>23 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ..... DUE TO (c) .....					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1-12-60</b> to <b>7-25-1967</b> and last saw him <del>her</del> alive on <b>July 25, 1967</b> Death occurred at <b>8:20</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Bernhard B. Gloeckler</i> <b>Bernhard B. Gloeckler M.D.</b>			22b. ADDRESS <b>Oakdale, Iowa</b>		22c. DATE SIGNED <b>7-25-67</b>
23a. Burial, Cremation Removal (Specify) <b>BURIAL</b>		23b. Date <b>7-28-67</b>	23c. Name of Cemetery or Crematory <b>Mt. CALIARY</b>		23d. Location (City, town or county) (State) <b>cedar Rapids Ia</b>
24. FUNERAL DIRECTOR'S SIGNATURE <i>T G Beatty</i> <b>T G Beatty</b>					F. D. License Number <b>749-2638</b>
25. Date Rec'd by Local Registrar <b>8-2-67</b>		REGISTRAR'S SIGNATURE <i>Melvin P. Courtney</i> <b>Melvin P. Courtney 18</b>			File Number

MEDICAL CERTIFICATION