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OCT 16 1972

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Date

No.

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P. L. 304, approved by the General Assembly, June 29, 1953.

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Military Status

J. Finton Speller, M.D.
Secretary of Health
Harrisburg, Pennsylvania

H105.144 REV. 4-71

LOCAL REG. NO. 172

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

PRIMARY DIST. NO. 21909-211

CORONER'S CERTIFICATE OF DEATH

1. DEATH OCCURRED IN: a. County Cumberland		b. City or borough		2. DECEASED'S MAILING ADDRESS RD#1		a. Street address, R.D., or Box Number							
c. If death did not occur in city or borough, give name of township (Do not use R.D. or Box Number) East Pennsboro Twp.				b. Post Office, State and Zip Code Etters, Penna. 17319									
d. Full Name of Hospital or Institution (If not in hospital, give street address) HOLY SAINT HOSP - CAMP HILL PA DOA.				3. VETERAN Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. Which War Korean		b. Serial No. RA 13314343					
4. NAME OF DECEASED (Type or print) LOUIS		a. (First)		b. (Middle) S		c. (Last) MUZA		5. DATE OF DEATH SEPT 22 1972					
6. WHERE DID DECEASED ACTUALLY LIVE? a. State Pennsylvania		b. County York		c. Did deceased live in a township? <input checked="" type="checkbox"/> Yes, deceased lived in Fairview township. <input type="checkbox"/> No, deceased lived within actual limits of _____ city or borough.									
7. SEX Male		8. RACE White		9. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		10. DATE OF BIRTH Feb. 27, 1931		11. AGE (In years last birthday) 41		If under 1 year Months Days		If under 24 hours Hours Min.	
12. USUAL OCCUPATION (even if retired) Manager -				13. SOCIAL SECURITY NO. 199 24 8927		14. BIRTHPLACE (State or foreign country) York Co. Penna.		15. CITIZEN OF WHAT COUNTRY? USA					
16. FULL NAME OF SPOUSE Mrs. Sylvia M. Muza				17. MOTHER'S MAIDEN NAME Frances Mikos									
18. FATHER'S NAME Ivan Muza				19. INFORMANT'S NAME, ADDRESS AND ZIP CODE Mrs. Sylvia Muza, RD#1 Etters, Pa. 17319									
20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c). PART I. Death was caused by: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION, ACUTE (DOA.) DUE TO (b) CORONARY ARTERIOSCLEROSIS DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN			
PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease given in Part I (a). MYOCARDIAL SCARRING, MYOCARDIAL ISCHEMIA, PULMONARY CONGESTION										21. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
22. a. ACCIDENT SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		22. b. DESCRIBE HOW INJURY OCCURRED NO				22. c. TIME OF INJURY Hour m. E. T. NO							
22. d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		22. e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) NO				22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE NO							
23. I hereby certify that investigation of the death of the above named deceased resulted in the findings here stated, and that time of death is estimated as 1 m. PDS T., on the date stated above a. Signature of coroner Charles R. Haffelid Address CAMP HILL PA c. Date signed SEPT 25, 1972 9:20													
24. a. BURIAL CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24. b. DATE Sept. 28, 1972		24. c. NAME OF CEMETERY OR CREMATORY Cumberland Valley Mem. Gardens, RD#5 Carlisle, Cumb Co. Pa				24. d. LOCATION (City, Boro., Twp., & County) (State)					
25. DATE REC'D BY REG. 9/26/72		26. REGISTRAR'S SIGNATURE Ann M. P. ...				27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR Doris Stone, 408 3rd St New Cumberland, Pa.							