

DEC 22 2014

Date: _____

I certify that this is a true copy of the certificate of records at the Middletown Health Department in Middletown, CT.

Attest: _____

Joseph A. Havlicek, M.D., Director of Health/Registrar of Vital Statistics

Not valid without seal of Registrar of Vital Statistics. Any alteration to this copy renders it void.

STATE OF CONNECTICUT
CERTIFICATE OF DEATH

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DECEASED — NAME 1. FRANCES PAULINE KURNETA			SEX 2. FEMALE		STATE FILE NUMBER 571
DATE OF DEATH (MONTH, DAY, YEAR) 3. SEPT. 16, 1970		RACE — WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white		AGE — LAST BIRTHDAY (YEARS) 5a. 79	UNDER 1 YEAR MOS. DAYS 5b.
TOWN OF DEATH 7b. MIDDLETOWN		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. MIDDLESEX MEMORIAL HOSPITAL			
STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) 8a. POLAND		IF FOREIGN BORN, CITIZEN OF WHAT COUNTRY? 8b. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. WIDOWED	
SOCIAL SECURITY NUMBER 11.		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 12a. HOUSE WIFE		KIND OF BUSINESS OR INDUSTRY 12b. OWN HOME	
RESIDENCE — STATE 13a. CONN.		COUNTY 13b. MIDDLESEX		TOWN (HIGGANUM) 13c. HADDAM	
WAS DECEASED A VETERAN? (SPECIFY YES OR NO) 14a. NO		IF YES, GIVE WAR 14b.		UNIT OR SHIP 14c.	
FATHER — NAME 15. JOHN PLATEK			MOTHER — MAIDEN NAME 16. MARY MISHUK		
INFORMANT — NAME 17a. MRS. ELIZABETH ABBEY			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. THAYER ROAD HIGGANUM, CONN.		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Anticoagulant Heart Disease					15 yrs.
DUE TO, OR AS A CONSEQUENCE OF: (b)					
DUE TO, OR AS A CONSEQUENCE OF: (c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a. No
Diabetes Mellitus					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20c.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	
CERTIFICATION — PHYSICIAN: MONTH DAY YEAR 21a. 1/1/55		TO MONTH DAY YEAR 21b. 9/16/70		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. 9/16/70	
CERTIFICATION — MEDICAL EXAMINER: IN MY OPINION, ON THE DATE AND DATE TO THE CAUSE(S) STATED, DEATH RESULTED ON OR ABOUT 22a.		HOUR OF DEATH M. 22b.		DEATH OCCURRED (HOUR) 21e. 12:10 P.M.	
CERTIFIER — NAME (TYPE OR PRINT) 23a. Herbert Levine M.D.		SIGNATURE 23b. Herbert Levine M.D.		DEGREE OR TITLE M.D.	
MAILING ADDRESS — CERTIFIER 23c. 195 So Main St.		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP Middletown, Conn 06457		DATE SIGNED (MONTH, DAY, YEAR) 23d. 9/16/70	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY — NAME 24b. CALVARY		LOCATION CITY OR TOWN STATE 24c. MIDDLETOWN, CONN.	
DATE (MONTH, DAY, YEAR) 24d. 9/18/70		FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. BIEGA FUNERAL HOME, INC. 3 SILVER ST. MIDDLETOWN, CONN.			
FUNERAL DIRECTOR OR EMBALMER — SIGNATURE 25b. Joseph Biega		NAME OF EMBALMER IF BODY WAS EMBALMED 26a. JOSEPH BIEGA		LICENSE NUMBER 26b. 1826	
THIS CERTIFICATE RECEIVED FOR RECORD ON 27a. Sept. 17, 1970		BY L.W. MINORS, MD		REGISTRAR Lloyd W. Minor, M.D.	