

New York State Department of Health
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 559

Dist. No. 1001
To be inserted by registrar

PLACE OF DEATH STATE OF NEW YORK
& COUNTY Ulster

7 USUAL RESIDENCE (Where deceased lived if different from above)
STATE New York COUNTY Ulster

A TOWN Kingston

8 LENGTH OF STAY IN TOWN CITY OR VILLAGE 30 days

9 CITY OR VILLAGE Kingston

10 NAME OF HOSPITAL OR INSTITUTION Orthmann Sanitarium

11 STREET ADDRESS 10 Liberty Street

12 NAME OF DECEASED Carl L. Husta

13 DATE OF DEATH November 6, 1951

14 SEX Male

15 COLOR OR RACE White

16 SINGLE, MARRIED, WIDOWED, DIVORCED Single

17 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife

18 DATE OF BIRTH April 7, 1902

19 AGE Years 49 Months 6 Days 29

20 IF UNDER 20 MRS. Hours Nil

21 BIRTHPLACE (State or foreign country) Egg Harbor City, N.J.

22 CITIZEN OF WHAT COUNTRY U.S.

23 USUAL OCCUPATION (Give kind of work done during most of working life, even if professional Athlete

24 KIND OF BUSINESS OR INDUSTRY Baseball & Basketball

25 FATHER'S NAME John Husta

26 MOTHER'S MAIDEN NAME Barbara Utsch

27 WAS DECEASED EVER IN U.S. ARMED FORCES?

28 SOCIAL SECURITY NO. 118-09-3292

29 INFORMANT'S OWN SIGNATURE William Husta

30 ADDRESS 10 Liberty Street

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) *Chronic Myocarditis*

II ANTECEDENT CAUSES (B) *Chr. Rheumatic Heart Disease*

III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (C) *115*

31 CAUSE OF DEATH

32 INTERVAL BETWEEN ONSET AND DEATH 1 year

33A DATE OF OPERATION

33B MAJOR FINDINGS OF OPERATION

34A ACCIDENT SUICIDE

34B PLACE OF INJURY

34C WHERE DID INJURY OCCUR

35 TIME OF INJURY

36 INJURY OCCURRED

37 HOW DID INJURY OCCUR

38 I hereby certify that I attended the deceased from May 15, 1951 to Nov 6, 1951 and that the cause of death was as stated above.

39 SIGNATURE *James C. Clare*

40 ADDRESS 296 Fair St. Kingston

41 DATE OF PERMIT ISSUED Nov 7 1951

42 PERMIT ISSUED BY *James C. Clare*

43 DATE OF ISSUE Nov 7 1951

A VERIFIED TRANSCRIPT from the REGISTER OF DEATHS

Date of Death..... Nov/ 6, 1951 Registered No..... 559

Name of Deceased..... CARL L. HUSTA

Age, 49 Years, Months, Days

Single, Married, Widowed or Divorced..... Single

Full Name of Husband or Wife.....

Social Security No..... 118-09-3292

Color or Race if other than White..... White

If Veteran, Name of War.....

Occupation Professional Athlete

Birthplace Egg Harbor City, N. J.

How long } Here.....

a } In U. S. if foreign.....

Resident }

Father's Name John Husta

Mother's Name Barbara Utsch

Place of Death..... Orthmann's Sanitarium

Cause of Death } Immediate Cause... Chronic Myocarditis

Death } Due to:

Time Dr. in Attendance }

till Death }

Medical Attendance, or other Attestant..... Dr. Rakov

Place of Burial..... Egg Harbor Cem. Egg Harbor, N. J.

Undertaker W. N. Conner Fun. Home Inc.

I HEREBY SOLEMNLY ATTEST, That this is a true Transcript from the Public Register of Deaths, as kept in the REGISTRAR'S OFFICE, in the County of Ulster, State of New York.

Dated at Kingston, N. Y. the 8 day of March, 1965

James C. Clare
(Signed) _____