

STATE DEPARTMENT OF HEALTH OF NEW JERSEY

2140

STATE FILE NO.

1. PLACE OF DEATH COUNTY <u>Essex</u>		2. USUAL RESIDENCE a. STATE <u>N.J.</u> b. COUNTY <u>Essex</u>	
b. CITY BOROUGH TOWNSHIP <input type="checkbox"/> <u>East Orange</u>	c. LENGTH OF STAY (in this place)	c. CITY BOROUGH TOWNSHIP <input type="checkbox"/> <u>East Orange</u>	d. STREET ADDRESS If rural, P. O. Address <u>354 So. Harrison St.</u>
3. NAME OF DECEASED (Type or Print) <u>EDMUND J. MINAHAN</u>		4. DATE OF DEATH <u>5 20 58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>12/10/82</u>
9. AGE (in years last birthday) <u>75</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Builder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>	11. BIRTHPLACE <u>Springfield, Ohio</u>
12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME <u>DANIEL F. MINAHAN</u>	14. MOTHER'S MAIDEN NAME <u>MARY E. MURPHY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Miss. Lucy Minahan</u>	
18. CAUSE OF DEATH Enter only one cause per		MEDICAL CERTIFICATION <u>Pulmonary Stenosis</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES DUE TO Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
19a. DATE OF OPERATION.	19b. MAJOR FINDINGS OF OPERATION		20. AT TOWNSHIP? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, BOROUGH, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1956</u> to <u>MAY 20 58</u> that I last saw the deceased alive on <u>5/20/58</u> and that death occurred at <u>9:30 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph Bone M.D.</u>	23b. ADDRESS <u>306 Lincoln St. Orange N.J.</u>	23c. DATE <u>5/21/58</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/23/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cem.</u>	24d. LOCATION (City, borough, or township) (County) (State) <u>Orange N.J.</u>
25. RECEIVED BY LOCAL REG. <u>2258</u>	REGISTRAR'S SIGNATURE <u>J. J. Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Codey Funeral Home</u>	N.J. License No. <u>1706</u> ADDRESS <u>69 3rd St Orange</u>

CODEY FUNERAL HOME ORANGE N.J.