

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

(Fee for this certificate, \$3.00)

*Charles Hardester*  
Charles Hardester  
State Registrar

WARNING: It is illegal to duplicate this copy by photostat or photograph.

AUG 20 1993

022560

Date

No.

LOCAL REG. NO. 125560  
DEPARTMENT OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH

PRIMARY DIST. NO. 56940-520

1. DEATH OCCURRED IN: a. County SOMERSET b. City or borough \_\_\_\_\_

2. DECEASED'S MAILING ADDRESS: a. Street address, R. D., or Box Number \_\_\_\_\_ b. Post Office, Zone, and State WINDBOR, Pa.

3. VETERAN: Yes  No  c. Which War \_\_\_\_\_ b. Serial No. \_\_\_\_\_

4. NAME OF DECEASED (Type or print): a. (First) William b. (Middle) \_\_\_\_\_ c. (Last) Konkula (2590)

5. DATE OF DEATH (Month) (Day) (Year) 12 2 69

6. WHERE DID DECEASED ACTUALLY LIVE? a. State PENNS. b. County SOMERSET c. Did deceased live in a township?  Yes, deceased lived in SOMERSET township.  No, deceased lived within actual limits of \_\_\_\_\_ city or borough.

7. SEX: M 8. RACE: WHITE 9. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

10. DATE OF BIRTH: 11/28/93 11. AGE (in years last birthday) 76 If under 1 year: Months \_\_\_\_\_ Days \_\_\_\_\_ If under 24 hours: Hours \_\_\_\_\_ Min. \_\_\_\_\_

12. USUAL OCCUPATION (even if retired): MINER 13. SOCIAL SECURITY NO. UNKNOWN 14. BIRTHPLACE (State or foreign country): HUNGARY 15. CITIZEN OF WHAT COUNTRY? ALIEN

16. FULL NAME OF SPOUSE: TRESSA KONKULA (2591) 17. MOTHER'S MAIDEN NAME: THERESA MESHINSKY KONKULA

18. FATHER'S NAME: ALBERT KONKULA 19. INFORMANT'S NAME AND ADDRESS: Annual State Hospital, Somerset, Pa.

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).  
PART I. Death was caused by:  
IMMEDIATE CAUSE (a) Cardiac & Respiratory Arrest  
Conditions, if any, which gave rise to above cause DUE TO (b) Pneumonitis  
(a) stating the underlying cause last. DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a) \_\_\_\_\_

21. WAS AUTOPSY PERFORMED? Yes  No

22. a. ACCIDENT? Yes  No  22. b. DESCRIBE HOW ACCIDENT OCCURRED \_\_\_\_\_ 22. c. TIME OF ACCIDENT: Hour \_\_\_\_\_ m. \_\_\_\_\_ E.S.T. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

22. d. ACCIDENT OCCURRED: While at work  Not while at work  22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.) \_\_\_\_\_ 22. f. CITY, BOROUGH, TOWNSHIP \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

23. I hereby certify that I attended the above named deceased, and that death occurred from the causes and on the date stated above at 9:50 AM, E.S.T.  
Bradley N. Boen, M.D. M. D. Somerset State Hospital  
b. Address Somerset, Pa. c. Date signed 12/2/69

24. a. BURIAL OR CREMATION REMOVAL?  24. b. DATE: Dec 5, 1969 24. c. NAME OF CEMETERY OR CREMATORY: Lights Cemetery 24. d. LOCATION (City, Borough, Township, & County) (State): Somerset Twp., Somerset Co., Pa.

25. DATE REC'D BY REG. Jan 11 1970 26. REGISTRAR'S SIGNATURE: Planet Hardester 27. ADDRESS AND ADDRESS OF REGISTRAR: Planet Hardester, Somerset, Pa.