

50058

Lee  
68-0998 2

Opal Tinsley

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

Local No. 50058

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

1. DECEASED—NAME: **GEORGE PRENTICE TINSLEY SR.** SEX: **MALE** DATE OF DEATH (MONTH, DAY, YEAR): **July 10, 1968**

RACE: **WHITE** AGE—LAST BIRTHDAY (YEARS): **53** UNDER 1 YEAR: **53** UNDER 1 DAY: **53** DATE OF BIRTH (MONTH, DAY, YEAR): **6-10-1914** COUNTY OF DEATH: **LAKE**

7b. DECEASED: **GARY** 7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): **YES** 7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **St. Mary's Mercy Hospital**

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): **INDIANA** 9. CITIZEN OF WHAT COUNTRY: **U.S.A.** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED** 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): **OPAL STRETCH**

12. USUAL RESIDENCE WHERE DECEASED LIVED—IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION: **317 N. 5th St. INDIANA LAKE** 13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **ELECTRICIAN** 13b. KIND OF BUSINESS OR INDUSTRY: **Steel Mill**

14a. RESIDENCE—STATE: **INDIANA** 14b. RESIDENCE—COUNTY: **LAKE** 14c. CITY, TOWN OR LOCATION: **GRIFFITH** 14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): **YES** 14e. TOWNSHIP: **Calumet**

14f. STREET AND NUMBER: **119 N. Hindberg Street** 14g. IS RESIDENCE ON A FARM? YES  NO

15. PARENTS: **GEORGE G. TINSLEY** 16. MOTHER—MAIDEN NAME: **HESTER P. GAZ**

17. INFORMANT—NAME: **Mrs. Opal Tinsley** RELATIONSHIP: **WIFE** MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **119 N. Hindberg St. Griffith, Ind. 46319**

18. PART I. DEATH WAS CAUSED BY: **Acute onl. cor. lobent myocardial infarction** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **6-1-68**

19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE: **Healed posterior myocardial infarction**

20a. DEATH OCCURRED (HOUR): **7:55 A.M.** 20b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR): **7 10 68** 21a. DATE SIGNED (MONTH, DAY, YEAR): **7 10 68**

22. CERTIFIER—NAME (TYPE OR PRINT): **Richard J. Purcell** SIGNATURE: *Richard J. Purcell* (DEGREE OR TITLE): **RECORDER**

23. MAILING ADDRESS—CERTIFIER: **145 N. ... Griffith, Indiana 46319**

24. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY, CREMATORY, FUNERAL HOME: **Edwood Cemetery** LOCATION: **Hammond Indiana** FUNERAL HOME NUMBER: **275**

24a. DATE (MONTH, DAY, YEAR): **July 12, 1968** 24b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **Johnston-Race 4th N. Griffith Blvd. Griffith Indiana 46319**

25. FUNERAL DIRECTOR—SIGNATURE: *Raymond J. Boyce* 26a. HEALTH OFFICER—SIGNATURE: *P. J. Rosenbloom M.D.* DATE RECEIVED BY LOCAL HEALTH OFFICER: **7 11 68**



EMBALMER'S NAME: **Raymond J. Boyce**  
 LICENSE NO.: **7179**  
 Add L. 14 & 15 & 17 & 18  
 to 20  
 FUNERAL DIRECTOR'S LICENSE NO.: **7176**  
 RIDGEMORE  
 26-152-1  
 SEAL  
 INDIANA  
 RECORDER'S OFFICE  
 FURNISHED TO THE RECORDERS OFFICE

50058

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CERTIFIED COPY  
*V. Rosenblom MD*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
JUL 11 1968  
DATE .....