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TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

253827-09-1659

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

Death No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED (NAME) FIRST MIDDLE LAST SEX

1. **PHYLLIS POLK** Female

2. DATE OF BIRTH (MONTH, DAY, YEAR) **11-15-69**

3. QUALITY OF DEATH **11-20-69**

4. **Negro** CITY (CITY, CL. OR TOWNSHIP OF DEATH) **Lake**

5. INSIDE CITY LIMITS (SPECIFY YES OR NO) **Yes**

6. HOSPITAL OR OTHER INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Mercy Hospital**

7. DECEASED WHERE OCCURRED (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) **Gary**

8. STATE OF BIRTH (IF BORN IN U.S.A.) **Indiana**

9. CITIZENSHIP (IF NOT U.S.A. CITIZEN, GIVE COUNTRY) **U.S.A.**

10. MARRIED (IF YES, GIVE DATE) **Yes**

11. WIDOWED (IF YES, GIVE DATE) **Yes**

12. DIVORCED (IF YES, GIVE DATE) **Yes**

13. SINGLE **Married**

14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **Andrew**

15. SOCIAL SECURITY NUMBER **330-22-3392**

16. USUAL OCCUPATION (GIVE KIND OF WORK CONCERNING MOST OF WORKING LIFE, EVEN IF RETIRED) **Homemaker**

17. INSIDE CITY LIMITS (TOWNSHIP) **Yes**

18. RESIDENCE OF A FARM? **No**

19. RESIDENCE (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **2341 Taft Street, Gary, Indiana**

PARENTS

FATHER (NAME FIRST MIDDLE LAST) **Willie Moran (D)**

MOTHER (NAME FIRST MIDDLE LAST) **Marie Mc Gee (D)**

17a. **Andrew Polk** 17b. **Husband** 17c. **2341 Taft St.**

PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18a. IMMEDIATE CAUSE **Massive subdural and subarachnoid hemorrhages**

18b. DUE TO OR AS A CONSEQUENCE OF **HEMORRHAGE**

18c. DUE TO OR AS A CONSEQUENCE OF **HEMORRHAGE**

PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))

19a. ACCIDENT, SUICIDE, INEVITABLE, DATE OF INJURY (MONTH, DAY, YEAR), HOUR, MINUTE, SECOND (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

19b. **Accident** **November 15, 1969** **9:30 PM** **fell down stairs**

19c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)) **home**

19d. **2341 Taft Street, Gary, Indiana**

CORONER'S CERTIFICATION

20. ON THE BASIS OF THE EXAMINATION OF THE BODY AND ON THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE BY STATED

21a. THE DECEASED WAS PROLONGED (DATE) **November 15, 1969**

21b. HOUR **9:30 PM** DATE SIGNED **November 20, 1969**

22. CERTIFIER (NAME, TYPE OR PRINT) **Alexander S. Williams, M.D., Coroner**

22a. ADDRESS—CERTIFIER **751 Washington Street, Gary, Indiana**

22b. CITY OR TOWN, STATE, ZIP **Gary, Indiana 46402**

BURIAL

23a. BURIAL LOCATION (CITY, CEMETERY, FUNERAL HOME) **Burial**

23b. DATE (MONTH, DAY, YEAR) **11-20-69**

23c. FUNERAL HOME (NAME AND ADDRESS) **Oak Hill Cemetery, 45th & Harrison Gary, Ind.**

23d. FUNERAL HOME (NAME AND ADDRESS) **Towns Funeral Home 1900 W. 15th Ave.**

24. SIGNATURE OF LOCAL HEALTH OFFICER **[Signature]**

25. DATE RECEIVED BY LOCAL HEALTH OFFICER **11-20-69**

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Disposition Permit Issued / /

Provisional Certificate

Yes No

FUNERAL HOME No. 249

EMBALMERS NAME E.W. TOWNS

FUNERAL DIRECTORS SIGNATURE *[Signature]*

LICENSE No. 4263

FUNERAL DIR. LICENSE No. 8770

EMBALMERS LICENSE No. 8770

2341 Taft Street Plat L.22 & Hilltop Small Farms L.45 B.2

FILED

MAR 22 1970

SM-1124

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[Signature]
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE ... MAR 30 1970