

58339

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Vertical text on the left side of the form, including 'School Site Add. L. 42 Bl. 5 & N. 10 Ft. of L. 41 Bl. 3' and 'Funeral Director's License No. 2397'.

LAWYER'S TITLE INSURANCE CORPORATION  
209 S. MAIN STREET  
CROWN POINT, IND. 46307  
INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

Local No. 70-0587 / 58339  
State No. SBH 113-3

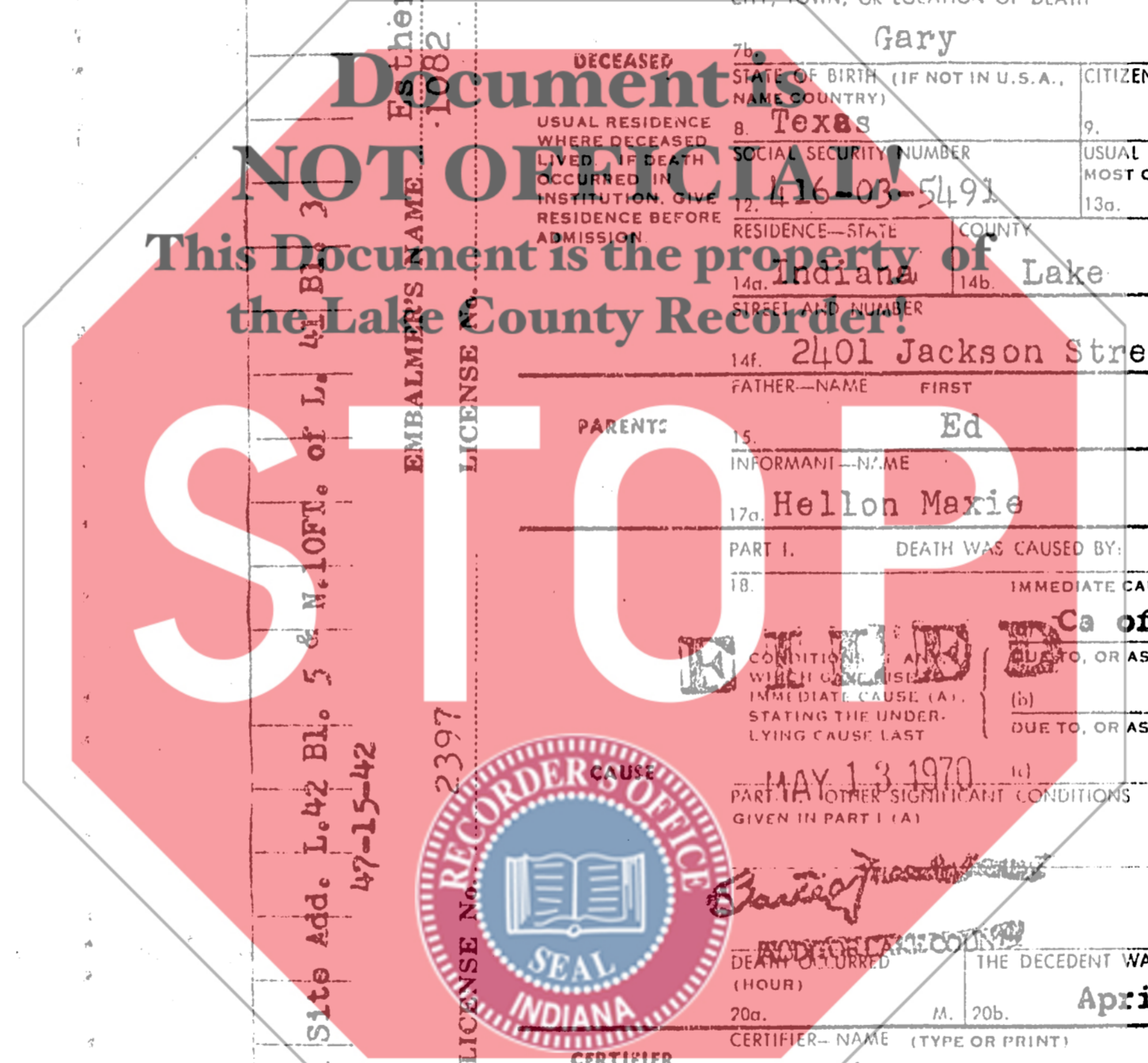
DECEASED—NAME: LONNIE MAXIE  
SEX: Male  
DATE OF DEATH: April 19, 1970  
RACE: Negro  
AGE: 61  
DATE OF BIRTH: 1-1-1909  
COUNTY OF DEATH: Lake  
CITY, TOWN, OR LOCATION OF DEATH: Gary  
INSIDE CITY LIMITS: Yes  
HOSPITAL OR OTHER INSTITUTION: 2401 Jackson Street  
STATE OF BIRTH: Texas  
CITIZEN OF WHAT COUNTRY: U. S. A.  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married  
SURVIVING SPOUSE: Hellon O'leary  
SOCIAL SECURITY NUMBER: 416-03-5491  
USUAL OCCUPATION: Greer's Technical Inst.  
RESIDENCE—STATE: Indiana  
CITY, TOWN OR LOCATION: Gary  
INSIDE CITY LIMITS: Yes  
TOWNSHIP: Calumet  
STREET AND NUMBER: 2401 Jackson Street  
IS RESIDENCE ON A FARM? No

PARENTS: Ed Maxie  
MOTHER—MAIDEN NAME: Pricella ?  
INFORMANT—NAME: Hellon Maxie  
RELATIONSHIP: Wife  
MAILING ADDRESS: 2401 Jackson St. Gary, Ind.

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
Ca of the thyroid with generalized metastasis  
MAY 13 1970  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE  
AUTOPSY (YES OR NO): No  
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: No

DEATH OCCURRED: April 19, 1970  
THE DECEDENT WAS PRONOUNCED DEAD: April 19, 1970  
DATE SIGNED: April 24, 1970  
CERTIFIER: David D. Chube, M.D.  
MAILING ADDRESS—CERTIFIER: P.O. Box 269, Gary, Indiana 46407

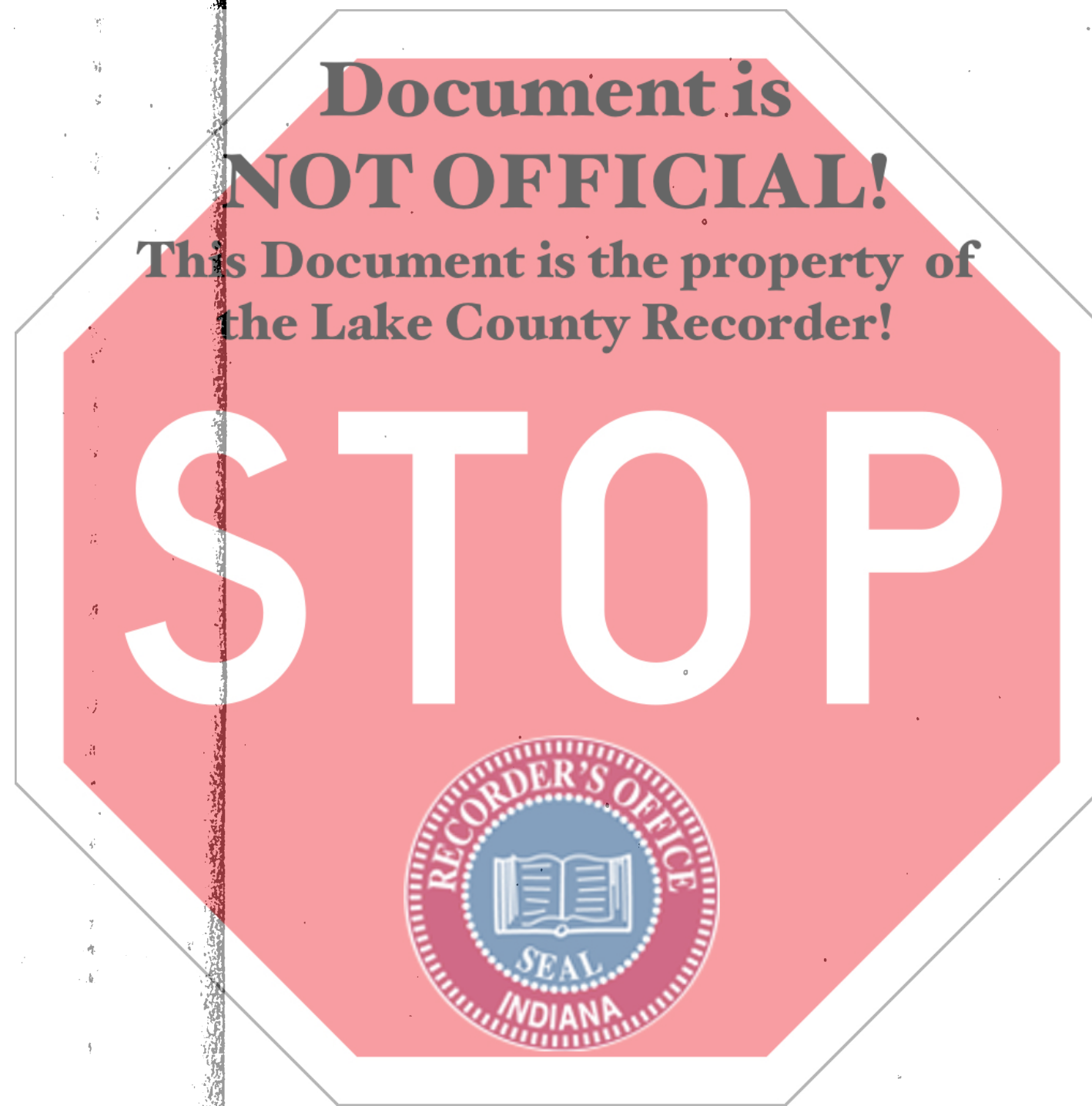
BURIAL: Burial  
CEMETERY, CREMATORY, FUNERAL HOME: Oak Hill Cemetery  
LOCATION: Gary, Indiana  
FUNERAL HOME NUMBER: 248  
DATE: 4-25-1970  
FUNERAL HOME—NAME AND ADDRESS: Smith & Bizzell 2295 Wash. St. Gary, Ind. 46407  
DATE RECEIVED BY LOCAL HEALTH OFFICER: APR 25 1970





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CERTIFIED COPY

*P. J. [Signature]*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.

DATE APR 25 1970