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**INDIANA STATE BOARD OF HEALTH**  
**DIVISION OF VITAL RECORDS**  
**CORONER'S CERTIFICATE OF DEATH**

Local No. 56-253 Death No. \_\_\_\_\_

1. PLACE OF DEATH  
 a. COUNTY LAKE b. CITY, TOWN, OR LOCATION GARY

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
 a. STATE IND b. COUNTY LAKE

3. NAME OF DECEASED (Type or print)  
 First Rose Middle Marie Last Browningg DATE OF DEATH 3 3 56

4. SEX Female 5. COLOR OR RACE Col 6. MARRIED  WITH MARRIED  WIDOWED  DIVORCED  7. DATE OF BIRTH SEPT 23 1922 8. AGE (In years last birthday) 33

9. CITIZENSHIP (Give kind of work done during most of working life, even if retired) None 10. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Memphis Tenn 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Raymond Vaughan 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17a. INFORMANT'S NAME Robert Browningg 17b. RELATIONSHIP TO DECEASED Husband

17c. INFORMANT'S ADDRESS 2833 Central Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Removal of testis  
 DUE TO (b) Enlarged prostate, ruptured  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTINUING TO DEATH OR NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).  
None

19. INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
None

20c. TIME OF INJURY Hour \_\_\_\_\_ a. m. \_\_\_\_\_ p. m. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION GARY COUNTY LAKE STATE IND

21. I hereby certify that I took charge of the remains described above, held an inquest, autopsy, inquiry, and from evidence obtained find that said deceased came to death from causes stated and as a result of (C. S. T.) on the above date.

22. Signature E. James Williams (Coroner)  
 Address 436 W. 25th Ave.  
 Date Signed 5 MARCH 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-7-56 23c. NAME OF CEMETERY OR CREMATORY BUX OAK 23d. LOCATION (City, town, or county) (State) Chicago Ill.

DATE REC'D BY LOCAL HEALTH OFFICER 3-3-56 HEALTH OFFICER W. A. ... 24. FUNERAL DIRECTOR Powell's Funeral Home 1201 W. ... ADDRESS \_\_\_\_\_

PRINT WITH INK

Marshalltown Terrace L. 29, Bl. 1 46-549-29

EMBALMER'S NAME Leon Coleman JR LICENSE No. 45-23 FUNERAL DIRECTOR'S LICENSE No. 1539

(over)

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*File*  
**HEALTH COMMISSIONER  
CITY OF GARY, IND.**

**DATE** .....  
MAR 2 1970