

607884

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

Below for State Office Use  
(KEY 46-74-8  
MORRIS ADD TO  
INDIANA CITY  
R. ALL WTR 818

C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_  
F \_\_\_\_\_  
G \_\_\_\_\_  
H \_\_\_\_\_  
I \_\_\_\_\_  
J \_\_\_\_\_  
K \_\_\_\_\_  
L \_\_\_\_\_  
M \_\_\_\_\_  
N \_\_\_\_\_  
O \_\_\_\_\_  
P \_\_\_\_\_  
Q \_\_\_\_\_  
R \_\_\_\_\_  
S \_\_\_\_\_  
T \_\_\_\_\_  
U \_\_\_\_\_  
V \_\_\_\_\_  
W \_\_\_\_\_  
X \_\_\_\_\_  
Y \_\_\_\_\_  
Z \_\_\_\_\_

FILED

NOV 20 1980

James P. Burns  
AUDITOR LAKE COUNTY

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME, JAMES P. BURNS

FUNERAL DIRECTOR'S  
SIGNATURE

LICENSE No. 2480

FUNERAL DIRECTOR'S  
LICENSE No. 1374

FUNERAL HOME  
LICENSE No. 244

5 cc  
Local No. 607884  
77-1092

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 1

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME 1. <b>FRANK E. DUFFY</b>		SEX 2. <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>12-12-1977</b>
RACE 4. <b>WHITE</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>79</b>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 5 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>8-6-1898</b>	COUNTY OF DEATH 7a. <b>LAKE</b>
CITY, TOWN, OR LOCATION OF DEATH 7b. <b>GARY</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>YES</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>GARY METHODIST HOSPITAL</b>		
STATE OF BIRTH (IF NOT IN U.S.A.) 8. <b>WASHINGTON</b>		CITIZEN OF WHAT COUNTRY 9. <b>USA</b>		MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. <b>NONE</b>	
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 11. <b>12307-01-5941</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>STEELWORKER</b>		KIND OF BUSINESS OR INDUSTRY 13b. <b>STEEL MILLS</b>	
RESIDENCE—STATE 12a. <b>IND</b>	COUNTY 12b. <b>LAKE</b>	CITY, TOWN OR LOCATION 13c. <b>GARY</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14a. <b>YES</b>	TOWNSHIP 14b. <b>CADET</b>
STREET AND NUMBER 14c. <b>7229 LOCUST AVE.</b>		14d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>		14e. RESIDENCE ON A FARM? <b>NO</b>	
FATHER—NAME 15. <b>UNKNOWN</b>		MOTHER—MAIDEN NAME 16. <b>UNKNOWN</b>	17. <b>MRS. GERALDINE B. CRAYS</b>		
INFORMANT—NAME 17a. <b>MRS. GERALDINE B. CRAYS</b>		RELATIONSHIP 17b. <b>EXECUTRIX</b>	MAILING ADDRESS (STREET OR R. P. D. NO., CITY, OR TOWN, STATE, ZIP) 17c. <b>430 S. LAKE ST., GARY, IND 46403</b>		
PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18. IMMEDIATE CAUSE					
(a) <b>Acute respiratory failure</b>					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a). STATING THE UNDER- LYING CAUSE LAST					
(b) <b>Coronary artery</b>					
(c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
19a. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>					
19b. IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19c. YES <input type="checkbox"/> NO <input type="checkbox"/>					
DATE & TIME OF DEATH 20. _____			DATE SIGNED 21. <b>12-20-77</b>		
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. <b>DR. DAVE</b>			SIGNATURE OF PHYSICIAN 22b. <i>[Signature]</i>		PHY. CODE NO.
M. D. OR D. O. 22c. <b>887-5480</b>			CITY OR TOWN 22d. <b>GARY</b>		STATE 22e. <b>INDIANA</b>
23. <b>3290 GRANT STREET</b>			CITY OR TOWN 23a. <b>GARY</b>		STATE 23b. <b>INDIANA</b>
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>CREMATION</b>			CEMETERY, CREMATORY, FUNERAL HOME (LOCATION) 24b. <b>OAKLAND MEMORY LANES</b>		CITY OR TOWN 24c. <b>DOLTON</b>
DATE (MONTH, DAY, YEAR) 24d. <b>12-14-1977</b>			FUNERAL HOME—NAME AND ADDRESS (STREET OR R. P. D. NO., CITY OR TOWN, STATE, ZIP) 24e. <b>BURNS MEMORIAL CHAPEL, 4206 BROADWAY, GARY, INDIANA 46408</b>		STATE 24f. <b>INDIANA</b>
25a. _____			HEALTH OFFICER—SIGNATURE 25b. <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 25c. <b>JAN 6, 1978</b>

581106-003

750932

607884

RECEIVED COPY  
*J. Renee*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
JAN 6 1978