

615787

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

Below for State Office Use

FILED  
JAN 27 1981

Disposition Permit  
Issued  
Provisional  
Certificate  
 Yes  No

DECEASED'S NAME Edward B. Mamba  
FEDERAL DIRECTOR'S SIGNATURE  
LICENSE NO. 208  
FUNERAL DIRECTOR'S LICENSE AND GENERAL HOME LICENSE NO. 164

615787  
79-0636

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 44368  
33

Local No.

TYPE OF DEATH  
PERMANENT OR FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHEN DECEASED  
LAST PLACE OF RESIDENCE  
OCCUPIED BY DECEASED  
RESIDENCE AT TIME OF DEATH

PARENTS

DISPOSITION

U.S. DEPT. OF HEALTH

CAUSE

DECEASED - NAME <b>James A. Cross</b>		SEX <b>Male</b>	DATE OF DEATH <b>August 9, 1979</b>
FACTORS THAT MAY BE RELATED TO DEATH <b>White</b>	AGE AT DEATH <b>67</b>	UNDER 1 YEAR <input type="checkbox"/>	UNDER 5 YEARS <input type="checkbox"/>
CITY, TOWN OR LOCATION OF DEATH <b>Lake</b>		HOSPITAL OR OTHER INSTITUTION <b>St. Mary Medical Center, Gary</b>	PLACE OF DEATH <b>Inpatient</b>
STATE OF BIRTH <b>Kentucky</b>	CITY OR PLACE OF BIRTH <b>U.S.A.</b>	MARRIED NEVER MARRIED <b>Married</b>	WIDOWED DIVORCED <b>With Hartwig</b>
SOCIAL SECURITY NUMBER <b>414-10-3193</b>	USUAL RESIDENCE WHEN DECEASED - STATE <b>Indiana</b>	CITY OF DEATH <b>Lake</b>	RESIDENCE AT TIME OF DEATH - CITY, TOWN OR LOCATION <b>Lake Station</b>
STREET AND NUMBER <b>2667 Hancock Street</b>		APARTMENT OR ROOM NUMBER <input type="checkbox"/>	ZIP CODE <b>435</b>
FATHER - NAME <b>Alfred Cross</b>			
MOTHER - NAME <b>Altha Riddle</b>			
MARRIAGE ADDRESS <b>2667 Hancock Street, Lake Station, Ind. 435</b>		LOCATION <b>Hebron, Ind.</b>	
DISPOSITION <b>Burial</b>		HEBRON CEMETERY	
DATE <b>August 11, 1979</b>		HEBRON CEMETERY, INC., 1107 Central Ave., Hebron, Ind. 435	
NAME OF ATTENDING PHYSICIAN <b>Jack H. Kamen</b>		DATE SIGNED <b>8/13/79</b>	
MARRIAGE ADDRESS - PHYSICIAN <b>140 N. Tionnessee St., Gary, Ind. 435</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>AUG 13 1979</b>	
CAUSE <b>Chronic obstructive pulmonary emphysema</b>		<b>&gt; 5 yrs</b>	

Unit 14 Reg 19-74-11, 12, 13, 14, 15  
2nd Subdiv. C. Hwy. 7.11 at X. 13 RI-27

REPRODUCED COPY  
E. A. Callahan, M.D.  
SEARCH COMMISSIONER  
CITY OF GARY, IND.  
DATE - AUG 12 1972

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