

620404

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INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 71-0110

State No.

RINT WITH INK
 A
 RNT
 39-344-25
 5123
 Rowland McColly
 133
 3/11/71
 3

DECEASED--NAME FIRST MIDDLE LAST SEX
 1. EARL D. WHITWORTH Male

DATE OF DEATH (MONTH, DAY, YEAR)
 3. Jan. 24, 1971

RACE AGE--LAST BIRTHDAY (YEARS) MONTH, DAY UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH
 4. white 5a. 63 5b. 5c. 8-28-1907

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN OTHER, GIVE STREET AND NUMBER)
 7b. Gary 7c. YES 7d. Mercy

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME)
 9. Indiana 9. USA 10. WIDOWED DIVORCED Leona Ducheno

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
 11. 307 05 1121 12. Indiana 13a. Coal Miner 13b. Coal Industry

RESIDENCE--STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO)
 14a. Indiana 14b. Lake 14c. Gary 14d. NO 14e. Calumet

STREET AND NUMBER 14f. 3630 W. 48th Place 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) 14h. YES NO

FATHER--NAME FIRST MIDDLE LAST MOTHER--MAIDEN NAME FIRST MIDDLE LAST
 15. Samuel Whitworth 16. Unknown

RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
 17a. Mrs. Leona Whitworth 17b. Wife 17c. 3630 W. 48th Place, Gary, Ind 46408

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

FILED

IMMEDIATE CAUSE
 (a) Pulmonary Edema
 (b) Arteriosclerotic heart disease

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), OR (c) (GIVE CAUSE LAST)
 3 days
 5 years

CAUSE OF DEATH (GIVE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE)
 Auditor Lake County

IF YES, WERE FINDINGS CONFIRMED BY DEATH CERTIFICATE?
 19a. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR
 20. January 24, 1971 M. 21a. Jan. 25, 1971

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN (TYPE OR PRINT)
 22a. Dr. R.A. Hovanesian 22b. R.A. Hovanesian M.D.

MAILING ADDRESS--PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
 23. 6111 Harrison St. Gary, Indiana 46408

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE ZIP
 24a. Removal 24b. Riverside 24c. Clinton, Indiana 46408

DATE (MONTH, DAY, YEAR) FUNERAL HOME--NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
 24d. 1-27-1971 25a. Linton & McColly, Inc. 4286 Broadway, Gary, Ind. 46408

HEALTH OFFICER--SIGNATURE DATE OF DEATH BY HEALTH OFFICER
 25b. [Signature] JAN 25 1971

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CERTIFIED COPY
Herschel Bernstein
CITY OF GARY, IND.
DATE JAN 25 1971