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INDIAN CORONER'S CERTIFICATE

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FILED

APR 17 1981
LAKE COUNTY

Cottage Mortuary
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

EMBALMER'S NAME: Marty Anderson
FUNERAL DIRECTOR'S SIGNATURE: Robert P. [Signature]
FUNERAL DIRECTOR'S NAME: Robert P. [Signature]
FUNERAL DIRECTOR'S ADDRESS: 1485 S. [Address]
FUNERAL DIRECTOR'S PHONE: 366 [Phone]

LAKE COUNTY HEALTH COMMISSION

DECEASED NAME Harry Clifford Slade		DATE OF DEATH January 15, 1979	
1. RACE White	2. AGE 73	3. SEX Male	4. ETHNIC ORIGIN Lake
5. CITY, TOWN OR LOCATION OF DEATH Crown Point		6. HOSPITAL OR OTHER INSTITUTION 179 Harrington Avenue	
7. STATE OF BIRTH Indiana	8. COUNTRY OF BIRTH U.S.A.	9. MARRIAGE STATUS Married	10. SURVIVING SPOUSE Anita Williams
11. SOCIAL SECURITY NUMBER 310-10-2194		12. USUAL OCCUPATION Truck Driver - retired	13. KIND OF BUSINESS OR INDUSTRY Citgo Service
14. RESIDENCE - STATE Indiana	15. COUNTY Lake	16. CITY, TOWN OR LOCATION Crown Point	
17. STREET AND NUMBER 179 Harrington Avenue		18. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	19. IS THIS CITY LIMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21. FATHER - NAME Ephom Slade		22. MOTHER - MARRIAGE NAME Jenny M. McColly	
23. DECEASED NAME Anita Slade		24. MARRIAGE ADDRESS 179 Harrington Avenue, Crown Point, Indiana 46307	
25. MARRIAGE ADDRESS Burial		26. CEMETERY OR CREMATORY - FUNERAL HOME Maplewood Cemetery	
27. DATE January 18, 1979		28. FUNERAL HOME - NAME AND ADDRESS Geisen Funeral Home, Inc., 109 N. East St., Crown Point, In. 46307	
29. NAME AND ADDRESS OF FURNER Albert T. Willard, M.D., 2293 North Main St., Crown Point, In. 46307		30. DATE SPOKE TO 1/15/79	31. HOUR OF DEATH 8:05 AM
32. CAUSE Vasomotor collapse due to arteriosclerotic heart and vascular disease		33. MANNER OF DEATH Indetermined	
34. IF SUICIDE, NAME (FIRST, LAST, MIDDLE) OF PERSON Natural		35. DATE OF INJURY 1-15-79	36. HOUR OF INJURY Indetermined
37. PLACE OF INJURY Natural		38. LOCATION Indetermined	

Disposition Permit Issued
Provisional Certificate
 Yes No

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