

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

639552

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 313

Local No. 141

Below this certifies the above is a true and complete copy of the certificate of death. This certifies the above is a true and complete copy of the certificate of death. #43-38524 FEB 23 1979

FUNERAL HOME 770
 FUNERAL DIRECTOR'S LICENSE NO. 270
 EMBALMER'S NAME: Roosevelt A. Date issued
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED—NAME 1. THOMAS BUSH			SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. 02-14-79
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. Black	AGE—Last Birthday (Yrs.) 5a. 65	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MINS. 5c.	DATE OF BIRTH (Mo., Day, Yr.) 11-22-13
CITY, TOWN OR LOCATION OF DEATH 6. Hammond		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c. St. Margaret's Hospital		IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Georgia	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Anna L. Brazil	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No
SOCIAL SECURITY NUMBER 13. 317-09-8291		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Retired	KIND OF BUSINESS OR INDUSTRY 14b. U.S. Steel Corp.	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Gary		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 2022 Taft St.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. yes		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. Thomas Bush Sr.		MOTHER—MAIDEN NAME 17. Janie Glover Bush		
INFORMANT—NAME (Type or print) 18a. Anna L. Bush		MAILING ADDRESS 18b. 2022 Taft St. Gary Indiana		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Fern Oaks Cemetery		LOCATION 19c. Griffith, Indiana
DATE (MONTH, DAY, YEAR) 20a. 2/17/79		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) [Signature]		DATE SIGNED (Mo., Day, Yr.) 21b. 02-19-79		HOUR OF DEATH 21c. 6:20 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. JAMES GREENWALD M.D.				
MAILING ADDRESS—PHYSICIAN 21e. 18141 DIXIE HIGHWAY SUITE 101 HOMEWOOD, IL. 60430				
HEALTH OFFICER—SIGNATURE 22a. [Signature]			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. FEB 23 1979	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)) PART I (a) End Stage Renal Disease Interval between onset and death (b) gastrointestinal bleeding 2° to Disseminated Interval between onset and death (c) intravascular coagulation 2° urinary tract sepsis Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 24.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

Disposition Permit Issued / /
Provisional Certificate
 Yes No

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