

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

Key 44-314-14  
ADD TO GARY LAND CO  
11th SUB

LOT 14 BLOCK 8

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G **FILE D**

H SEP 30 1981

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J *Lucie O. ...*

K AUDITOR LAKE COUNTY

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EMBALMER'S NAME SHERMAN G. BANKS III

FUNERAL DIRECTOR'S SIGNATURE *Sherman G. Banks*

LICENSE No. 1625

FUNERAL DIRECTOR'S LICENSE No. 1625

1625

FUNERAL HOME No. 248

645680

Local No. 84-0487

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Robert J. Oates  
7863 Broadway  
Merrillville

State No. \_\_\_\_\_

DECEASED—NAME 1 DAVE LAWS SR.			SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 JUNE 27, 1981
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 AMER. BLK.	AGE—Last Birthday (Yrs.) 5a 68	UNDER 1 YEAR MOS 5b	UNDER 1 DAY HOURS 5c	DATE OF BIRTH (Mo., Day, Yr.) 6 AUG. 12, 1912
CITY, TOWN OR LOCATION OF DEATH 7a GARY		HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) 7c GARY METHODIST		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 MISSISSIPPI	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (if wife, give maiden name) 11 ASIE LEE	
SOCIAL SECURITY NUMBER 13 422-03-5061		USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) 14a STEEL WORKER (RETIRED)	KIND OF BUSINESS OR INDUSTRY 14b U.S. STEEL GARY WORKS	
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c GARY		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15e 1056 FILLMORE STREET		INSIDE CITY (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 HORACE LAWS			MOTHER—MAIDEN NAME 17 SUSIE BARR	
INFORMANT—NAME (Type or print) 18 ASIE LEE LAWS (WIFE)		RELATIONSHIP	MAILING ADDRESS 18b 1056 FILLMORE STREET	CITY OR TOWN GARY
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b OAKHILL CEMETERY	LOCATION 19c GARY	CITY OR TOWN INDIANA
DATE (MONTH, DAY, YEAR) 20a JULY 2, 1981		FUNERAL HOME—NAME AND ADDRESS 20b SMITH, BIZZELL & WARNER INC. 2295 WASH. ST. GARY, IN. 46407		
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a <i>[Signature]</i>			DATE SIGNED (Mo., Day, Yr.) 21b	HOUR OF DEATH 21c
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d DR. SHREVAS DESAI M.D.				
MAILING ADDRESS—PHYSICIAN 21e 3290 GRANT STREET GARY, INDIANA 46408				
HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b	
PART I 23 IMMEDIATE CAUSE Colon Cancer with liver metastases Due to, or as a consequence of renal failure.			Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			ALTOPSY (Specify Yes or No) 24	

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
SEP 30 9 05 AM 1981  
WILLIAM BIRLSKIE  
RECORDER

100-100000-100000

E. M. Caldwell, M.D.

STATE COMMISSIONER  
HEALTH DEPARTMENT

JUL 1 1981