

31235

652212

LAWYERS TITLE INS. CORP.
7895 BROADWAY

INDIANA STATE BOARD OF HEALTH
MERRILLVILLE, IND 46710
MEDICAL CERTIFICATE OF DEATH

State No.

68-A

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

FILED

FUNERAL HOME
No. 255

Local No. 579
Auditor's Signature

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

1 DECEASED—NAME FIRST MIDDLE LAST CURTIS D WALLACE			2 SEX MALE	3 DATE OF DEATH (MONTH, DAY, YEAR) JULY 29, 1978	
4 RACE—(e.g. White, Black, American Indian, etc.) (Specify)	5a AGE—Last Birthday (Yr.) 28	5b UNDER 1 YEAR MOS. DATE	5c UNDER 1 DAY HOURS MINS.	6 DATE OF BIRTH (Mo., Day, Yr.) 12-25-49	7 COUNTY OF DEATH LAKE
7a CITY, TOWN OR LOCATION OF DEATH Hammond		7c HOSPITAL OR OTHER INSTITUTION—(Name (if not in either, give street and number)) St. Margaret's Hospital		7d IF HOSP. OR INST. Indicate OOA, OP, Emer. Am., Inpatient (Specify) I.N.P.	
8 STATE OF BIRTH (If not U.S.A. name country) MISS.	9 CITIZEN OF WHAT COUNTRY U.S.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) Gloria Cooley	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO
13 SOCIAL SECURITY NUMBER 587-05-1756		14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDIAN STEEL		14b KIND OF BUSINESS OR INDUSTRY Steel	
15a RESIDENCE—STATE IND.	15b COUNTY LAKE	15c CITY, TOWN OR LOCATION GARY		15d STREET AND NUMBER 3630 Tyler St.	
16 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			17 INSIDE CITY LIMITS (Specify Yes or No) YES		
18 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

16 FATHER—NAME FIRST MIDDLE LAST Curtis WALLACE		17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST JANIE GAVIN		
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18a INFORMANT—NAME (Type or print) Gloria WALLACE	18b MAILING ADDRESS 3630 Tyler St. GARY, INDIANA
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19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	19b CEMETERY OR CREMATORY—FUNERAL HOME OAK HILL Cemetery	19c LOCATION GARY, INDIANA
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20a DATE (MONTH, DAY, YEAR) 8-5-78	20b FUNERAL HOME—NAME AND ADDRESS (IS STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) ANDREW Smith 934 E. 21 st Ave GARY, INDIANA
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21a (Signature) James Greenwald M.D.	21b DATE SIGNED (Mo., Day, Yr.) JULY 30, 1978	21c HOUR OF DAY 8:00
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21d NAME OF ATTENDING PHYSICIAN (Type or Print) JAMES GREENWALD M.D.	21e MAILING ADDRESS—PHYSICIAN 18141 DIXIE HIGHWAY HOMEWOOD, IL 60431
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22a HEALTH OFFICER'S SIGNATURE William J. Creswell M.D.	22b DATE RECEIVED BY LOCAL HEALTH OFFICER AUG 3 1978
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23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) End Stage Renal Disease Psychogenic cardiac arrest	Interval between onset and death
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PART I (a) DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death
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PART I (b) DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death
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PART I (c) DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death
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PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not relied to cause given in PART I (a))	AUTOPSY (Specify Yes or No) 24.
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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH. ON FILE WITH THE HAMMOND HEALTH DEPT.

45-200-25
Provisional Certificate
 Yes No

EMBALMER'S NAME: [Signature]
FUNERAL DIRECTOR'S SIGNATURE: [Signature]
FUNERAL DIRECTOR'S LICENSE No. 1146

Date Issued
AUG 3 1978