

400 653982

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

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_  
F \_\_\_\_\_  
G **FILED**  
H \_\_\_\_\_  
I DEC 10 1981

J *[Signature]*  
K Auditor Lake County  
L *[Signature]*  
M *[Signature]*  
N *[Signature]*  
O *[Signature]*  
P *[Signature]*  
Q *[Signature]*  
R *[Signature]*  
S *[Signature]*  
T *[Signature]*  
U *[Signature]*  
V *[Signature]*  
W *[Signature]*  
X *[Signature]*  
Y *[Signature]*  
Z *[Signature]*

Disposition Permit  
Issued  
Provisional  
Certificate  
 Yes  No

FUNERAL HOME No. 770  
LICENSE No. 5170  
FUNERAL DIRECTOR'S LICENSE No. 270  
EMBALMER'S NAME Hoover, Allen  
FUNERAL DIRECTOR'S SIGNATURE *[Signature]*

Local No. 79-0716 State No. 230

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

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

CAUSE

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| DECEASED—NAME<br>1 Jethro Martin   |                                     | SEX<br>2 Male  | DATE OF DEATH (MONTH DAY YEAR)<br>3 Aug. 28, 1979                  |
| RACE—e.g. White, Black, American Indian, etc. (Specify)<br>4 Black   | AGE—Last Birthday (Y:1)<br>5a 83    | UNDER 1 YEAR<br>5b MO. DAYS  | UNDER 1 DAY<br>5c HOURS MINS                                       |
| CITY, TOWN OR LOCATION OF DEATH<br>7b Gary   |                                     | HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number)<br>7c St. Mary's Medical Center                               | COUNTY OF DEATH<br>7d Lake   |
| STATE OF BIRTH (if not in U.S.A. Name country)<br>8 Texas  | CITIZEN OF WHAT COUNTRY<br>9 U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>10 Married  | SURVIVING SPOUSE (if wife, give maiden name)<br>11 Lennie Williams |
| SOCIAL SECURITY NUMBER<br>13 313-07-8217   |                                     | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>14a Retired                                      | KIND OF BUSINESS OR INDUSTRY<br>14b U.S. Steel Corp.               |
| RESIDENCE—STATE<br>15a Indiana   | COUNTY<br>15b Lake                  | CITY, TOWN OR LOCATION<br>15c Gary   |  |
| STREET AND NUMBER<br>15d 2652 Jefferson St.  |                                     | IS RESIDENCE ON A FARM?<br>15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | INSIDE CITY LIMITS (SPECIFY YES OR NO)<br>15f YES                  |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.<br>15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                     |  |  |
| FATHER—NAME<br>16 Leonard Martin   |                                     | MOTHER—MAIDEN NAME<br>17 Unknown   |  |
| INFORMANT—NAME (Type or print)<br>18a Lennie Martin  |                                     | MAILING ADDRESS<br>18b 2652 Jefferson St.  | CITY OR TOWN<br>18c Gary, Indiana                                  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>19a Burial  |                                     | CEMETERY OR CREMATORY—FUNERAL HOME<br>19b Oak Hill Cemetery  | LOCATION<br>19c Gary, Indiana                                      |
| DATE (MONTH DAY YEAR)<br>20a 8/31/79   |                                     | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE)<br>20b Guy & Allen Funeral Directors 2959 W. Fifth Ave. Gary, Ind. |  |
| To the best of my knowledge, health and habits at the date and place and due to the causes stated<br>21a <i>[Signature]</i>                                  |                                     | DATE SIGNED (M. DAY YR)<br>21b 8/30/79   | HOUR OF DEATH<br>21c 2:58 PM '81                                   |
| NAME OF ATTENDING PHYSICIAN (Type or Print)<br>21d Dr. A. Geel   |                                     | MAILING ADDRESS—PHYSICIAN<br>21e 2600 Broadway Merrillville, Indiana 46410   |  |
| HEALTH OFFICER—SIGNATURE<br>22a <i>[Signature]</i>   |                                     | DATE RECEIVED BY LOCAL HEALTH OFFICER<br>22b SEP 13 1979   |  |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>PART I (a) <i>Cerebral Anoxia</i>  |                                     | Interval between onset and death   |  |
| (b) DUE TO OR AS A CONSEQUENCE OF <i>Cerebral Hemorrhage</i>   |                                     | Interval between onset and death   |  |
| (c) DUE TO OR AS A CONSEQUENCE OF  |                                     | Interval between onset and death   |  |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to causes given in PART I (a)  |                                     | AUTOPSY (Specify Yes or No)<br>24  |  |

*M*

*E. N. Caldwell, M.D.*

HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE SEP 13 1979