

Lot 5, Blk 15, Gary Land Co's 11th Sub, City of Gary, PB 19/19

#44-321-5

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

FILED

JAN 19 1982

AMBER LAKE

FUNERAL DIRECTOR'S LICENSE No.

656825
70-201

Pol No. 395304 LD
INDIANA STATE BOARD OF HEALTH
HEALTH OFFICER'S CERTIFICATE OF DEATH
1st Fed SALA of Gary
545 Broadway
Gary, IN

Local No. _____

PERMANENT NO. _____

1. **NAME** FIRST MIDDLE LAST MI: **Mike Harmon Sr.** Sex: **Male** Date of Birth (Month, Day, Year): **2/1/70**

2. **RACE** (SPECIFY): **Negro** AGE—LAST BIRTHDAY (YEAR): **51** UNDER 1 YEAR (MO. DAYS): **51** UNDER 1 DAY (HOURS MIN.): **6/24/18** DATE OF BIRTH (MONTH, DAY, YEAR): **2/1/70** COUNTY OF DEATH: **Lake**

3. **CITY, TOWN, OR LOCATION OF DEATH**: **Gary** INSIDE CITY LIMITS (SPECIFY YES OR NO): **yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NO.): **Methodist Hospital**

4. **STATE OF BIRTH** (IF NOT IN U.S.A.): **Mississippi** **CITIZEN OF WHAT COUNTRY**: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** SURVIVING WIDOW (IF WIFE, GIVE MAIDEN NAME): **Gladys Thomas**

5. **SOCIAL SECURITY NUMBER**: **428-22-2072** **USUAL OCCUPATION** (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **U.S. Steel** **IND OF BUSINESS OR INDUSTRY**: **U.S. Steel**

6. **RESIDENT ADDRESS** (GIVE STREET AND NUMBER): **1079 Jackson St.** **CITY, TOWN OR LOCATION**: **Gary** **INSIDE CITY LIMITS** (SPECIFY YES OR NO): **yes** **TOWNSHIP**: **Calumet**

7. **PARENTS** **FATHER—NAME** FIRST MIDDLE LAST: **George Harmon** **MOTHER—MAIDEN NAME** FIRST MIDDLE LAST: **Ida Harmon**

8. **INFORMANT—NAME**: **Gladys Harmon** **RELATIONSHIP**: **Wife** **MAILING ADDRESS** (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **1079 Jackson St. Gary**

THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM NO. 1. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 187, ACTS OF THE GENERAL ASSEMBLY OF THE STATE OF INDIANA, PASSED MARCH 18, 1913, AND AMENDED BY ACTS OF THE GENERAL ASSEMBLY OF THE STATE OF INDIANA, PASSED MARCH 18, 1913, AND MARCH 18, 1913.

9. **CAUSE** **DEATH WAS CAUSED BY** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))

(a) **IMMEDIATE CAUSE**: **Acute Coronary Occlusion**

(b) **DUE TO, OR AS A CONSEQUENCE OF**: _____

(c) **DUE TO, OR AS A CONSEQUENCE OF**: _____

10. **OTHER SIGNIFICANT CONDITIONS**: _____

11. **CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE** (a). STATING THE IMMEDIATE CAUSE LAST. _____

12. **CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART 1 (a)**: _____

13. **CERTIFICATION—HEALTH OFFICER**: **P.J. Rosenbloom M.D.**

14. **DEATH OCCURRED AT** (M. P.M.): **9:45 A.M.** **THE DECEDENT WAS PRONOUNCED DEAD ON**: **2/1/70**

15. **AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES STATED** (TYPE OR PRINT HEALTH OFFICER'S NAME AND SIGN): **P.J. Rosenbloom M.D.**

16. **MAILING ADDRESS** (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **1429 Virginia St. Gary Ind. 46407** **DATE SIGNED**: **4/4/70**

17. **BURIAL, CREMATION, REMOVAL** (SPECIFY): **Burial** **CEMETERY, CREMATORY, FUNERAL HOME**: **Oak Hill Cemetery** **CITY OR TOWN**: **Gary** **STATE**: **Indiana**

18. **BURIAL—DATE** (MONTH DAY YEAR): **Feb 7, 1970** **FUNERAL HOME—NAME**: **Oak Hill Funeral Home** **FUNERAL HOME—ADDRESS**: **2205 Washington St. Gary, Indiana**

19. **FUNERAL DIRECTOR—SIGNATURE**: **Conradt Allen** **HEALTH OFFICER—SIGNATURE**: **P.J. Rosenbloom M.D.** **DATE RECEIVED BY HEALTH OFFICER** (MONTH DAY YEAR): **Feb 7, 1970**

Disposition Form
Provisional Certificate
 Yes No

CHICAGO
MILWAUKEE
INDIANAPOLIS
COLUMBIANA
CINCINNATI

DEPT. OF HEALTH

INDIANAPOLIS, IND.

STATE OF INDIANA
DEPARTMENT OF HEALTH

CERTIFIED COPY

E. N. Calhoun, M.D.

CITY OF INDIANAPOLIS, IND.

DATE: JAN 8 1982