

Orah Lee Waters

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

659379

80-0649

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State
No.

Local No.

Below for State Office Use

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LICENSE No. 4 FEB 16 1982

FUNERAL HOME
No. 248

FUNERAL DIRECTOR'S
No. *44-340-32*

EMBALMER'S NAME
Ede Warner

FUNERAL DIRECTOR'S
SIGNATURE *Ede Warner*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

DECEASED - NAME 1 Sallie Elizabeth Foster			SEX 2 female	DATE OF DEATH (MONTH DAY YEAR) 3 Aug 7, 1980		
RACE - (e.g. White, Black, American Indian, etc.) 4 Amer Blk	AGE - Last Birthday (Year) 5a 54	UNDER 1 YEAR 5b MONTHS	UNDER 1 DAY 5c HOURS	DATE OF BIRTH (Mo Day Yr) 6 July 1, 1926	COUNTY OF DEATH 7a Lake	
CITY, TOWN OR LOCATION OF DEATH 7b Gary			HOSPITAL OR OTHER INSTITUTION - Name of institution, give street and number 7c Gary Methodist			IF HOSP. OR INST. Indicate DDA (Dr. Under Rm. Inpatient) (Specify) 7d inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8 Missouri	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 separated	SURVIVING SPOUSE (If wife give maiden name) 11 Howard Lee Foster		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 no	
SOCIAL SECURITY NUMBER 13 314-24-3054		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a laundry worker		KIND OF BUSINESS OR INDUSTRY 14b F.W. Means Co.		
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 15d 618 Mississippi St			IS DECEASED OF SPANISH DESCENT? IF YES SPANISH, MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 16 Hadie Waters		MOTHER - MAIDEN NAME 17 Viola		IS DECEASED OF SPANISH DESCENT? IF YES SPANISH, MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
INFORMANT - NAME (Type or print) 18a Orah Lee		RELATIONSHIP 18b sister	MAILING ADDRESS 18b 618 Mississippi St, Gary, In.		CITY OR TOWN 18c 46407	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a burial			CEMETERY OR CREMATORY - FUNERAL HOME 19b Evergreen		LOCATION CITY OR TOWN STATE 19c Hobart, In.	
DATE (MONTH DAY YEAR) 20a Aug. 12, 1980			FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 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 cause(s) stated. 21a <i>[Signature]</i>			DATE SIGNED (Mo Day Yr) 21b August 11, 80	HOUR OF DEATH 21c 8/7/80 at 2:00 P.M.		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. D. Deschamps Md.			MAILING ADDRESS - PHYSICIAN 21e 4655 Broadway Gary, In. 46409			
HEALTH OFFICER - SIGNATURE 22a <i>E. N. Caldwell M.D.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b AUG 12 1980			
PART I	IMMEDIATE CAUSE (a) <i>Anemia</i>		Interval between onset and death <i>Minutes</i>			
	DUE TO OR AS A CONSEQUENCE OF (b) <i>Cardiac Arrest</i>		Interval between onset and death <i>Minutes</i>			
	DUE TO OR AS A CONSEQUENCE OF (c) <i>Acute Myocardial Infarct</i>		Interval between onset and death <i>Hours</i>			
PART II	OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) <i>Arterial Hypertension</i>				AUTOPSY (Specify Yes or No) 24 Yes	

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WILLIAM S. STICKLER JR.
RECORDS

FEB 16 1982

STATE OF INDIANA
DEPARTMENT OF HEALTH

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UNRECORDED COPY

E. N. Callahan, M.D.

GENERAL COMMISSIONER
CITY OF CHARLOTTE, N.C.

DATE: FEB 9 1982