

664389

TYPE OR PRINT
PLAINLY WITH
UNFADING INKTHIS IS A
PERMANENT
RECORD

FILED

APR 15 1963

DEALER'S NAME: Robert L. Williams
LICENSE NO. 5225 ADDIATOR LASS COUNTY

FUNERAL DIRECTOR'S LICENSE NO. 945

R. 41-142-14 Broadway Bldg.
F. 13 B2 1166
Local No. 63 0652INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
CORONER'S CERTIFICATE OF DEATHRobert Simmons
1750 Connecticut
Death No. 46407

| | | | | | | | | | |
|--|--|--|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Lake | | b. CITY, TOWN, OR LOCATION Gary | | c. LENGTH OF STAY IN 1b 4 yrs. | | 2. URINAL RESIDENCE (Where deceased lived, if not in 1a; Residence before admission) a. STATE Indiana | | b. COUNTY Lake | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) D.O.A. Methodist Hospital | | | | j. STREET ADDRESS 1750 Connecticut Street | | | | | |
| 3. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | 6. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | i. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 4. NAME OF DECEASED (Type or print) Sidney Crawford | | 5. COLOR OR RACE Negro | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 3-22-1897 | | 9. AGE (In years, months, days, hours, minutes) 65 | |
| 10a. MOST OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | 10b. STATE OF BUSINESS OR OCCUPATION | | 11. BIRTHPLACE (State or foreign country) Unknown | | 12. CITIZENSHIP (What country?) USA | |
| 13. FATHER'S NAME Unknown | | | | 14. MOTHER'S MAIDEN NAME Unknown | | | | | |
| 15. SOCIAL SECURITY NO. | | | | 17a. INFORMANT'S NAME Sandra Crawford | | | | | |
| 16. INFORMANT'S ADDRESS 1829 Adams Street | | | | 17b. RELATIONSHIP TO DECEASED daughter | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause or line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <u>Asphyxiation due to asphyxia</u> DUE TO (a) <u>Asphyxiation</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b), stating the portion which caused last: DUE TO (c) | | | | | | | | 19. INTERVAL BETWEEN ONSET AND DEATH 15 minutes | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE OR OTHER CAUSE IN PART I (a). | | | | | | | | 16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Trapped in basement of burning building</u> | | | | | | | |
| 21. TIME OF INJURY 11:30 P.M. | | 22. MONTH DAY YEAR 5-11-63 | | 23a. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 23b. PLACE OF INJURY (e.g., in or about home, farm, hotel, street, office bldg., etc.) Home | | 23c. CITY, TOWN, OR LOCATION COUNTY STATE Gary Lake Ind | |
| 24. I hereby certify that I took charge of the remains described above, held as <u>in keeping</u> (in, over, against, vicinity) | | | | 25. SIGNATURE OF HEALTH OFFICER <u>R. Williams</u> | | | | | |
| 26. THEREAS AND FROM EVIDENCE OBTAINED AND THAT SAID DECEASED CAME TO HIS DEATH FROM CAUSE STATED AND AS SET FORTH IN THE ABOVE DATA. | | | | 27. SIGNATURE OF DECEASED <u>1630 M (C. B. T.)</u> | | 28. ADDRESS (City, town, or county) (State) Gary, Indiana | | 29. DATE SIGNED 5-16-63 | |
| 30. BURIAL, CREMATION, REMOVAL (Specify) | | 31. DATE 5-16-1963 | | 32. NAME OF CEMETERY OR CREMATORY Oak Hill | | 33. ADDRESS (City, town, or county) (State) Gary, Indiana | | 34. NAME OF FUNERAL DIRECTOR Crawford's - 2101 Brady St., Gary, Ind. | |
| DATE RECD BY LOCAL HEALTH OFFICER 5-17-63 | | SIGNATURE OF HEALTH OFFICER <u>R. Williams</u> | | M. FUNERAL DIRECTOR Crawford's - 2101 Brady St., Gary, Ind. | | ADDRESS | | | |

CERTIFIED COPY
E. N. Caldwell M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE: MAR 23 1982