

TYPE OR PRINT
PLAINLY WITH
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PERMANENT
RECORD

(allow for State Office Use)

FILED

JUN 21 1982

James & ...
...

Unit 25 Hwy # 46-511-5

...
...
...

EMBALMER'S NAME *Leon Coleman*

LICENSE No. *348*

FUNERAL DIRECTOR'S *781*

LICENSE No. *348*

FUNERAL DIRECTOR'S SIGNATURE *Leon Coleman*

672428
82 0298

Local No. _____

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

2024 Martin Luther King Dr. Gary 46407
State No. _____

DECEASED - NAME 1 <i>JAMES Hooks Jr.</i>		SEX <i>MALE</i>	DATE OF DEATH MONTH DAY YEAR <i>MAY 30 1982</i>
RACE - (e.g. W, B, O, A, H, N, O, P, F) 4 <i>BLACK</i>	AGE - Last Birthday <i>59</i>	DATE OF BIRTH MONTH DAY YEAR <i>6-27-22</i>	COUNTY OF DEATH <i>LAKE</i>
CITY, TOWN OR LOCATION OF DEATH 7b <i>GARY</i>		HOSPITAL OR OTHER INSTITUTION 7c <i>METHODIST HOSPITAL</i>	IF HOSP OR INST INCLUDES ICD-9 CODE 7d <i>NONE</i>
STATE OF BIRTH (if not in U.S.) 8 <i>MISSISSIPPI</i>	CITIZEN OF WHAT COUNTRY 9 <i>USA</i>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 <i>MARRIED</i>	SURVIVING SPOUSE (if not yet remarried) 11 _____
SOCIAL SECURITY NUMBER 13 <i>428-24-4388</i>		USUAL OCCUPATION 14 <i>ROCKWELL INTERNATIONAL</i>	KIND OF BUSINESS OR INDUSTRY <i>Steel worker</i>
RESIDENCE - STATE 15a <i>INDIANA</i>	COUNTY 15b <i>LAKE</i>	CITY, TOWN OR LOCATION 15c <i>GARY</i>	IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 16 <i>2024 MARTIN L KING DR</i>		INSIDE CITY LIMITS (specify city and no.) 17 <i>YES</i>	18 _____
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 19 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 20 <i>JAMES Hooks Sr.</i>		MOTHER MAIDEN NAME <i>Michelle wife 46407</i>	
INFORMANT (Name, title or profession) 21a <i>Wife Ida Betty Hooks</i>		RELATIONSHIP <i>Wife</i>	
Mailing Address 21b <i>2024 MARTIN L KING DR GARY, Indiana</i>		CITY OR TOWN <i>GARY</i>	
BURIAL, CREMATION, REMOVAL (Other, specify) 19a <i>Burial Oak Hill</i>		CEMETERY OR CREMATORY (FUNERAL HOME) 19b <i>Oak Hill Cemetery</i>	
DATE (MONTH DAY YEAR) 20a <i>5-MAY-82</i>		FUNERAL HOME (NAME AND ADDRESS) 20b <i>Bureau - Leon Coleman</i>	
To the best of my knowledge and belief, the cause of death is the causal stated 21c (Signature) <i>Walter F McDonald</i>		DATE SIGNED (Mo Day Yr) <i>May 2nd 1982</i>	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <i>Walter F McDonald MD</i>		HOUR OF DEATH <i>5:38 AM</i>	
MAILING ADDRESS - PHYSICIAN 21e <i>2200 Grant St Gary Ind 46404</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <i>MAY 5 1982</i>	
HEALTH OF DEATH SIGNATURE 22a <i>Walter F McDonald M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <i>MAY 5 1982</i>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (LISTING THE UNDERLYING CAUSE LAST) 23			
PART I (a) <i>Cardio-Respiratory Failure</i>		Interval between onset and death <i>slowly</i>	
(b) <i>Generalized Metastatic Carcinoma</i>		Interval between onset and death <i>progressive</i>	
(c) <i>Carcinoma of Pharynx and Mucible</i>		Interval between onset and death <i>since 1980</i>	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) <i>Paralysis of lower Extremities</i>		AUTOPSY (Specify Yes or No) 24 <i>NO</i>	

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CERTIFIED COPY

E. N. Caldwell, M.D.

HEALTH COMMISSIONER

CITY OF MAY 5, 1982

DATE _____