

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

Date for Sign Use

Anta Inc. Co's End duct.
W. S. 719 Bl 24 8 35' of
vac. State St. Addy
Bl 24 719 Bl 24 41-28-27

FUNERAL HOME
No. 252
FURNAL DIRECTOR'S
LICENSE No. 1219
F. E. No. 8379
FILED
JUL 27 1982
QUINCY LAKE COUNTY
ENBALMERS NAME: *Jackson M. Dick*
FURNAL DIRECTOR'S SIGNATURE: *Charles M. Dick*

Permit 500
75-0381 675122 INDIANA STATE BOARD OF HEALTH
Local No. 75-0381 675122 MEDICAL CERTIFICATE OF DEATH
LAWYERS TITLE INS. CO. 32500
7895 BROADWAY
MERRILLVILLE, IND 46410
673

PERMANENT TIME SEE MANUAL FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) COUNTY OF DEATH
Andrew A. Slatton M April 10, 1975 Lake

RACE AGE—LAST BIRTHDAY (YEAR) MONTH DAY UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH COUNTY OF BIRTH
White 4 11 11 11 11-26-1897 Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b Gary YES 7c St. Mary Medical Center

DECEASED STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN: OF WHAT COUNTRY? WIDOWED DIVORCED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8 Indiana U. S. A. Theresa Henninger

RESIDENCE IN DEATH INSTITUTION (GIVE RESIDENCE BEFORE ADMISSION) SOCIAL SECURITY NUMBER USUAL OCCUPATION, TYPE OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED. KIND OF BUSINESS OR INDUSTRY
12 312-05-9627 13a Supervisor 13b Republic Steel (Union Drawn)

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a Indiana 14b Lake 14c Gary 14d YES 14e Calumet

STREET AND NUMBER 14g WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) 14h RESIDENCE ON A FARM? (Yes, no or unknown) 14i YES NO
14f 4400 E. 10th Ave. 14g NO 14h NO

MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15 Melvin Slatton 16 Lottie Vowell

RELATIONSHIP
17a Mrs. Theresa Slatton 17b wife 17c 4400 E. 10th Ave., Gary, Ind

PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 18a 46492
18 IMMEDIATE CAUSE (a) *myocardial infarction* (b) (c)
CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDER LYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)
18b WILLIAM RECORDS JUL 27 1982

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 18c AUTOPSY YES NO 18d IF WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR [DATE SIGNED] MONTH YEAR
20 21a April 10 1975 21b 10:30 AM '87

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO
22a Dr. Agana 22b *W. C. Agana* 22c 276

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO CITY OR TOWN STATE ZIP

DISPOSITION SERIAL CREMATION, REMOVAL (SPECIFY) JEWELRY, CREMATION, FUNERAL HOME LOCATION CITY OR TOWN STATE
24a Burial 24b Calumet Park 24c Merrillville, Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d April 12, 1975 24e Each Funeral Home, 6121 Miller Ave., Gary, Ind. 46403

DATE RECEIVED BY LOCAL HEALTH OFFICE
25 APR 11 1975

1133

Disposition Permit Issued
Provisional Certificate
 Yes No

WILLIAM RECORDS
JUL 27 1982
10:30 AM '87

W.C. Agana

32-500
U

E. H. Caldwell, M.D.

CORRIFIED COPY

HEALTH COMMISSIONER

CITY OF GARY, IND.

DATE JUL 15 1982